



South Carolina Family and Community Leaders

Date _____

Leadership Award Application Form

OBJECTIVE: TO RECOGNIZE OUTSTANDING SCFCL MEMBERS

Name _____ Age _____

County _____ District _____

Address _____
Street, P. O. Box, etc., City, State Zip Code

Telephone (____) _____

Present Position _____

or

Past Position if Retired _____

Place of Employment _____

and/or

Volunteer Work _____

Number of years as SCFCL member _____

Family

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Describe the types of activities that your family does together.



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What are your special interests?



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Offices held by nominee in SCFCL

<u>Offices and/or committees</u>	<u>Local</u>	<u>County</u>	<u>State</u>	<u>Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Offices held by nominee in other community and church organizations

<u>Offices and/or committees</u>	<u>Local</u>	<u>County</u>	<u>State</u>	<u>Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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Describe your significant volunteer activities and/or accomplishments this past year.



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Describe your significant activities and/or accomplishments with FCL this past year.



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The nominator should attach a recommendation not to exceed one page to include:

1. Any accomplishments for which you feel the nominee was responsible.
2. What the nominee has done to promote FCL.
3. Does the nominee assume responsibility efficiently?
4. Awards and/or honors the nominee has received.
5. Please give an estimate of the average volunteer time given per month by this nominee.
6. Why do you feel the nominee is qualified for the Leadership Award of the South Carolina Family and Community Leaders.

May submit up to three additional letters of recommendation with each nomination.

Nomination Submitted By:

Group, Club or Individual _____

Contact person in group nomination _____

Address _____
Street, P. O. Box, etc. City State Zip Code County

Local Newspaper

Name _____

Address _____