

# WHO'S WHO IN FBLA

This award honors FBLA members who have made outstanding contributions to the association at the local, regional, state, and/or national levels.

## **ELIGIBILITY**

Each chapter may enter one member who is on record in the FBLA state and national offices as paying dues by February 15.

1. The nominee must be selected in accordance with the guidelines listed below.
2. Nominees must not have been a state nominee at a previous National Leadership Conference.
3. The entry form must be completed by the student and sent to the state office to be **received** by March 10.

## **OVERVIEW**

Nominees must be selected in accordance with the regulations of the state chapter and the national association.

## **GUIDELINES**

Criteria for selection of nominees must include:

- Years of participation in FBLA
- Extent of participation in conferences sponsored by the regional, state, and national association
- Offices, chairships, and committee memberships held
- Contributions to local, state, and national projects
- Participation in other activities
- Recommendations supportive of the member's involvement in FBLA

## **JUDGING**

Each nominee's entry form will be judged by a panel of judges. All judges' decisions are final.

## **STATE AWARDS**

Five (5) individuals will be recognized as award winners at the State Business Leadership Conference.

## **NATIONAL RECOGNITION**

The state winner will be recognized at the National Leadership Conference.

## WHO'S WHO IN WASHINGTON STATE FBLA ENTRY FORM

This event is designed to honor an FBLA member who has made outstanding contributions to the association at the local, state, and/or national levels.

Name \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_

School \_\_\_\_\_ Region \_\_\_\_\_  
\_\_\_\_\_

School Address \_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Complete the information requested below on a separate piece of paper. Staple this form to the front of the paper.

Please respond to the following:

1. Activity Record: Include both school and community activities. State your responsibilities in each of the activities, such as: leadership positions, community participation, special projects and additional information that would be helpful to the selection committee.
2. Honors and awards received in high school.
3. State your educational and career objectives and why you have chosen them.
4. What contributions have you made to FBLA?
5. What contributions has FBLA made to you?
6. Number of years in FBLA \_\_\_\_\_
7. Number of consecutive years in FBLA \_\_\_\_\_
8. Include letters of recommendation.
9. Other information that might be helpful to the selection committee.

This form must be **received** in the state office by March 10.



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## Rating Sheet

Evaluation Item	Not Demonstrated	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Points Earned
<b>Activity Record</b>					
Is this student active in community service, other organizations, sports, ASB, school committees, church, family, hobbies? Activities should be listed and responsibilities within each activity detailed.	0	1-5	6-10	11-15	
<b>Honors &amp; Awards Received in High School</b>					
	0	1-4	5-7	8-10	
<b>Educational/Career Objectives</b>					
Objectives should be clearly stated as well as reasons for choosing them	0	1-4	5-7	8-10	
<b>Contributions to FBLA</b>					
Conference participation; holding an office; committee membership; committee chairmanship; other chapter activities	0	1-8	9-14	15-20	
<b>FBLA Contributions to Student</b>					
Student expresses value of FBLA to self and goals	0	1-3	4-7	8-10	
<b>Number of Years in FBLA</b>					
	0	1 year	2 years	3-6 years	
		1	2	3-6	
<b>Other</b>					
	0	1-3	4-7	8-9	
<b>Recommendations</b>					
	0	1-7	8-14	15-20	
<b>Subtotal</b>	<b>/100 max.</b>				
<b>Penalty Points</b> Deduct five (5) points for failure to fully follow the guidelines.					
<b>Final Score</b>	<b>/100 max.</b>				

Student Name:			
School:		State:	
Judge's Signature:		Date:	

Judge's Comments:

VERIFICATION  
(scores checked)  
 Administrator