



INDIVIDUAL AWARD

Signature Page

Member Name: _____

Chapter: _____

Please select the awards you are applying for:

- RED ROSE AWARD**
- GOLDEN STATE DEGREE – CHAPTER DEGREE**
- GOLDEN STATE DEGREE – REGION DEGREE**
- GOLDEN STATE DEGREE – STATE DEGREE**
- POWER OF 1 AWARD**

Signature of applicant (required) _____ Date _____

CERTIFICATION *We certify that all claims are true and accurate to the best of our knowledge.*

Signature of local Chapter Advisor (required) _____ Date _____

Signature of local Chapter President (required) _____ Date _____

CERTIFICATION *I certify that the applicant has a current overall scholastic record of 2.5 or higher on an A=4.0 scale.*

Signature of School Principal (required) _____ Date _____

This application must be submitted no later than March 1 to:

**FAMILY AND CONSUMER SCIENCES
EDUCATION PROGRAMS CONSULTANT**

ATTN: MELISSA WEBB

1430 "N" Street, Suite 4202, Sacramento, CA 95814

Phone (916) 319-0773 | Fax (916) 319-0166

mwebb@cde.ca.gov