

Japanese Exchange Supplement Form Family, Career and Community Leaders of America, Inc./Kikkoman



You must include this form with the YFU application. Fill out all sections completely.

Applicant's Name:		
Address:		
City:	State:	_Zip:
Phone: En	nail:	_Current Grade Level:
Chapter Name:	School Name:	
Chapter Adviser's Name	Email:	
Chapter ID #:	Date of Affiliation:	(REQUIRED)
TYPE OF FCCLA PROGRAM (p	lease check all that apply):	
Comprehensive	ational Co-curricular	Out-of-class
Total years of Family and Cons school year:	sumer Sciences instruction	completed at the end of this
List Family and Consumer Scie	ences courses & grade leve	when taken:

List your participation and offices held in FCCLA, and contributions to the Family and Consumer Sciences education program in the levels below:

Local/District/Regional:

State:

National:

How will your involvement in FCCLA help you with living in Japan for six weeks?

Student's Signature:	_ Date:
Chapter Adviser's Signature:	_ Date: