



New York State Association
FUTURE BUSINESS LEADERS OF AMERICA

Prior to completing the application, please review the [NYS BOT Policy Manual](#).

NYS FBLA BOARD OF TRUSTEES APPLICATION

Name: _____

Cell Phone: _____ Home E-mail: _____

Home Address: _____

City, State, Zip: _____

School/Chapter: _____ FBLA District: _____

School Address: _____

City, State, Zip: _____

School Telephone: _____

School District Superintendent Name: _____

Address: _____

City, State, Zip: _____

School Telephone: _____ E-mail Address: _____

School Principal Name: _____

Address: _____

City, State, Zip: _____

School Telephone: _____ E-mail Address: _____

Number of Years Advising FBLA (provide dates): _____

FBLA Adviser Positions at Other Schools (provide years and schools): _____

Please describe your participation in FBLA activities at the local, state, and national levels.

Please describe the benefits of serving as a FBLA Adviser to you.

Please describe your participation in other school/community activities.

Why would you like to serve on the NYS Board of Trustees? Will you have the support of your school officials to travel to Board meetings?

Applicant Signature: _____ Date: _____

Our district supports _____ serving as an FBLA Adviser and a dedicated member of the NYS FBLA Board of Trustees.

Administrator Signature: _____ Date: _____

Please send your completed application to: **Michelle Johnson**
mjohnson@falconschools.org