

**FAMILY AND CONSUMER SCIENCES
NEW FCCLA ADVISOR'S WORKSHOP AND INTERNSHIP
PRE-SERVICE APPLICATION/REGISTRATION FORM**

University: _____

PreService Student:

Name: _____

Address: _____

Telephone: _____ Email _____

College Degree Status: _____

Teacher Preparation Status: _____

FCS Program Observation Site(s): _____

FCS Student Teaching Site(s): _____

1. Did you take any Family and Consumer Sciences (FCS) courses in grades 6-12? Yes _____
No _____ If your answer is yes, please list the courses taken and describe the personal value
and benefits you received from taking the courses.

2. Have you ever been an FCCLA member? Yes _____ No _____ If your answer is yes,
please explain your past involvement and the personal value and benefits you received from
being a member.

Transportation:

Airport or Train Station Preference: (if not driving) _____

Mail or email this form by February 10, 2018 to:

**Family and Consumer Sciences Professional Development Project
California State University, Fresno
5300 N. Campus Drive, FFS 114
Fresno, California 93740-8019
FAX: 559-278-7824
ninad@csufresno.edu**

Writable form can be found at: ca-fcs.org/about/forms/