



## FCCLA Barb Barduson Memorial Scholarship

**Applicant Details**

Student Name:  
 State Affiliation:  
 Chapter Name:

On behalf of Family, Career, and Community Leaders of America (FCCLA), we are excited that you are interested in applying for the Barb Barduson Memorial Scholarship. You are applying to earn a scholarship to cover registration or offset other costs to attend the 2026 National Leadership Conference Washington, D.C. This package is valued at \$450.

Please take a moment to review the terms and conditions outlined below. To fully understand and support your application for this scholarship, we require the student, a parent/guardian, the chapter adviser, and the school principal to initial each line and sign at the bottom of this form. This form must also be signed and attached to your application.

### Barb Barduson Memorial Scholarship Understanding

**SCHOLARSHIP DETAILS:**

I confirm the student named above has received approval and support to travel independently, if need be to the 2026 National Leadership Conference by their (1) guardian(s), (2) chapter adviser, and (3) school principal.

	Student	Guardian	Adviser	Principal
<i>PLEASE INITIAL</i>				

**ACCEPTANCE DEADLINE:**

I understand that I must submit this form signed by all parties when the application is completed, or I will not be considered for the scholarship.

	Student	Guardian	Adviser	Principal
<i>PLEASE INITIAL</i>				

**SCHOLARSHIP BREAKDOWN:**

I understand that as part of the Scholarship, FCCLA will provide the student listed above with:

- The NLC Registration Package for the 2026 National Leadership Conference (weekly registration plus special event and after party)
- FCCLA Blazer
- Guidance on schedule and expectations at NLC
- Potential to join another FCCLA group in travel, accommodations and supervision of a chaperone if needed

	Student	Guardian	Adviser	Principal
<i>PLEASE INITIAL</i>				



**APPROVAL AND SUPPORT:**

I understand that a Chaperone will be needed on-site at NLC (potentially another FCCLA Chapter if need be) and the student will report to them for the entire Conference.

	Student	Guardian	Adviser	Principal
<i>PLEASE INITIAL</i>				

**ADDITIONAL COSTS:**

I understand that the winner is responsible for any additional costs associated with attending the conference beyond those listed in this application.

	Student	Guardian	Adviser	Principal
<i>PLEASE INITIAL</i>				

**ATTENDANCE REQUIREMENT:**

By accepting this award, I understand that the above student agrees to attend the 2026 National Leadership Conference in Washington, D.C. Should the student be unable to attend due to an emergency or any other reason, the student listed above agrees to notify FCCLA as soon as possible, and they understand that they will be responsible for reimbursing FCCLA for the expenses incurred.

	Student	Guardian	Adviser	Principal
<i>PLEASE INITIAL</i>				

**POST-CONFERENCE REPORT:**

I understand that by accepting this scholarship, the student named above will be required to submit a post-conference report to provide proof of their attendance, share feedback, and share photos that can be used in future marketing materials.

	Student	Guardian	Adviser	Principal
<i>PLEASE INITIAL</i>				

**CONSENT FOR USE OF IMAGE:**

I agree that the student listed above has approval and consent to be photographed/interviewed by FCCLA to be used in marketing materials for future promotions

	Student	Guardian	Adviser	Principal
<i>PLEASE INITIAL</i>				

**LIABILITY WAIVER:**

I understand that FCCLA is not responsible for any personal injury, property damage, or other losses that may occur during or as a result of participation in the National Leadership Conference or related activities.

	Student	Guardian	Adviser	Principal
<i>PLEASE INITIAL</i>				

**CODE OF CONDUCT:**

I understand that the student named above is expected to adhere to the FCCLA Code of Conduct and all rules and regulations set forth by FCCLA and the National Leadership Conference. Failure to comply with these guidelines may result in disciplinary action, up to and including forfeiture of the scholarship and immediate dismissal from the conference at the student's own expense.

	Student	Guardian	Adviser	Principal
<i>PLEASE INITIAL</i>				



**SIGNATURE CONFIRMATION:**

Where indicated in each of the sections below, please have the appropriate individual print their first/last name, sign, and date to confirm that they have personally completed this section of the form.

**STUDENT:**

I, \_\_\_\_\_, confirm that I have personally filled out this section and that I am willing and able to fulfill the requirements as a MN FCCLA Barb Barduson Memorial Scholarship Recipient.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT / GUARDIAN:**

I, \_\_\_\_\_, hereby acknowledge that I have personally filled out this section and that I have read and understood the details and requirements of the MN FCCLA Barb Barduson Memorial Scholarship . I confirm that I support the student named above in their acceptance of this scholarship.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CHAPTER ADVISER:**

I, \_\_\_\_\_, hereby acknowledge that I have personally filled out this section and that I have read and understood the details and requirements of the Barb Barduson Memorial Scholarship . I confirm that I support the student named above in their application for the Barb Barduson Memorial Scholarship.

Signature of FCCLA Adviser: \_\_\_\_\_ Date: \_\_\_\_\_

**PRINCIPAL:**

I, \_\_\_\_\_, hereby acknowledge that I have personally filled out this section and that I have read and understood the details and requirements of the FCCLA Barb Barduson Memorial Scholarship. I confirm that I support the student named above in their acceptance of the Scholarship .

Signature of School Principal: \_\_\_\_\_ Date: \_\_\_\_\_