



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: _____ **Email:** _____ **Current Grade Level:** _____

Chapter Name: _____ **School Name:** _____

Chapter Adviser's Name _____ **Email:** _____

Chapter ID #: _____ **Date of Affiliation:** _____ (REQUIRED)

TYPE OF FCCLA PROGRAM (please check all that apply):

Comprehensive Occupational Co-curricular Out-of-class

Total years of Family and Consumer Sciences instruction completed at the end of this school year: _____

List Family and Consumer Sciences courses & grade level 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:** _____