



**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:**

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**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?**

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**If selected, are you interested in presenting a workshop on your experience at the 2017 National Cluster Meetings?**

**Yes**     **No**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chapter Adviser's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_