“Together We Are fce”
12-Month Calendar
2015 Programs & Forms
Central Region Officers
State Officers

This Planner is designed to be used by County Council Presidents and/or other County Council Officers. Most due dates and deadlines are Regional: SET YOUR OWN COUNTY DEADLINES ACCORDINGLY.
You can place people together in a team, but the true bonds of relationship form when the team works together toward the same goal.

1Thessalonians 3 as my reference where Timothy is put in the leadership role of the group, and everyone in the group is looking forward to his arrival, where he is looking forward to their growth in their goal of spreading the good news.

In November, Betty Jo Haskell became President of the Central Region fce. She chose as her theme to define her reign, “Together We Are fce.” Her goal, we would assume, is that the different facets that consume our time, including family, community, education, citizenship, sharing, teaching, leadership, and volunteering would make us stronger as a whole. So we’re to go about our ways attending our local meetings, counting our volunteer hours, reading our books, Reading Across America, increasing our membership, creating our cultural arts entries, attending Retreat, teaching classes, and going to State Convention. We’re content because these activities all create a great time of learning, sharing, laughing, and building incredibly strong connections between our members.

You can place people together on a team, in a club, but the true bonds of relationship form, when a group works together toward the same goal. We can sit side-by-side with our friends in our meetings every month, or at our Central Region events for years, and yet we don’t start to build relationships until we work together outside our four walls. Because when we work together with each other toward a common goal, we learn from each other, we grow as we extend ourselves, and we support one another through our journeys.

So from our President, to our Board, to our advisors, to our membership, let’s get busy, working TOGETHER, to push fce forward, and as we’re doing that may we make and savor the memories because “Together We Are fce.”

Prayer—Lord may we be willing to take the time to get to know others, to open our lives so that we can learn from each other and grow in our common effort of loving fce. Thank you for loving us, in Jesus’ name. Amen
2015 – YEAR AT A GLANCE
CENTRAL REGION DUE DATES

JANUARY -  23 – Regional Information Day in Rutherford County (29th Snow date)

FEBRUARY -  1 – Heart of fce Nominees due to Region
               15 – Leadership Retreat Instructor Forms due to Region
               16—State Project Reports due directly to State VP Programs –Phyllis Narus
               17— Central Region Board Meeting 9:30 am

MARCH -  2 – Character Counts due directly to State President Mary Lou Burch
          2 – Read Across America/Dr. Seuss
          3 – FCL Applications due Region

APRIL –  1– Central Region Board Meeting 9:30 am
           15 – Leadership Retreat Class Registration due to Region
           15 - Leadership Retreat Registration due to Region
           15 – State Scholarship Applications due directly to State to Sarah Zapatocky
           28-29 – FCL Training in Lebanon

MAY -  1 – 31 – Imagination Library Month
            15 – State “Day of the Family“ Project
            25 – Extra Night at Leadership Retreat TTU in Cookeville
            26–28 – Leadership Retreat TTU in Cookeville

JUNE -  1 – CVU’s due to Region
           1 – Best of the Best Due to Region
           1 – Creative Writing Due to Region

JULY -  1 – New 50 Year Member applications due direct to State to Diane Uher
           11 – Regional Officer Nominations due to Region
           11 – Kate Bagnal Scholarship applications due to Region
           18 FCL Applications Due to Region
           23-27 – NAFCE Conference - Blue Springs, Missouri
           22 Central Region Board Meeting 9:30 am

AUGUST -  1 – State Officer Nominations due directly to State
            11 – Cultural Arts Winners due to Region
            11– Fashion Revue Winners due to Region
            15 – Registration & Credential Forms for Regional Annual Meeting due to Region
            25-26—FCL Training (Lebanon)

SEPTEMBER -  10 – Central Region Annual Meeting in Murfreesboro, TN.
                 23— Central Region Board Meeting 9:30am

OCTOBER -  1– County Council Officers due to Region
             1 – Central Region & NAFCE Dues due to Region
             1 – State Credential Forms due direct to State
             1 – State Conference Registration due to Host District
             5 - 10 – National fce Week

NOVEMBER -  8-11 - State Conference, Riverview Inn, Clarkesville, TN.
               26 – Happy Thanksgiving

DECEMBER -  25 – Merry Christmas
2015 TAFCE STATE OFFICERS

PRESIDENT
Mary Lou Burch
2599 Bullen Valley Road
Thorn Hill, TN 37881
865-767-3312
marylouburch@frontiernet.net

PRESIDENT ELECT
Cynthia Summers
257 E. Forrest Ave.
McKenzie, TN 38201
731-225-0010 Cell
cynthiasummers257@gmail.com

VP FOR PROGRAMS
Phyllis Narus
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423-284-8209 Cell
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VP FOR PUBLIC POLICY
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931-510-0616-Cell
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TREASURER
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SECRETARY
Emily Gordon
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emilyg.fce@gmail.com

WESTERN REGION PRESIDENT
Emma Shupe
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931-209-026 Cell
esshupe@yahoo.com

CENTRAL REGION PRESIDENT
Betty Jo Haskell
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931-967-3586 Home
770-853-5697 Cell
bjhaskell@bellsouth.net

EASTERN REGION PRESIDENT
Clare Nell Breeden
P.O. Box 92
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wwcthouse@aol.com

WESTERN REGION EDU. CHAIR
Diane Uher
190 Amelia Breann Lane
Selmer, TN 38375
731-645-8254-Home
731-439-2176-Cell
uherdj@gmail.com

CENTRAL REGION EDU. CHAIR
Sarah Zapatocky
2705 Shady Grove Cove
Murfreesboro, TN 37128
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615-631-8447-Cell
sarahzap@bellsouth.net

EASTERN REGION EDU. CHAIR
Gloria Holcomb
400 Highland Trace
Sharps Chapel, TN 37866
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865-585-4774 Cell
ericholcomb600@centurytel.net
Central Region Board for 2015

President
Betty Jo Haskell
Franklin County
134 Van Has Lane
Winchester, TN 37398
931-967-3586
770-853-5697 (cell)
bjhaskell@bellsouth.net

President Elect
Pam Sites
Rutherford County
406 Regal Drive
Murfreesboro, TN 37129
(615) 898-8274
peanut1450@bellsouth.net

Vice President for Programs
Pat Rottmund
Putnam County
1579 Southard Road
Sparta, TN 38583
(931) 239-4442 (cell)
kittypat66@yahoo.com

Treasurer
Lucy Deal
Coffee County
119 Higdon Circle
Manchester, TN 37355
(931) 728-7624
(931) 808-7703 (cell)
ldeal@charter.net

Vice President for Public Policy
Gail Norton
Cannon County
1619 Wilson Hill Road
Readyville, TN 37149
(615) 542-0005 (cell)
redhatquilter3@gmail.com

Secretary
Mary Alice Weber
Williamson County
7518 King Road
Fairview, TN 37062
(615) 799-2875
(615) 417-1670 (cell)
weber70@comcast.net

2016 CR TAFCE Conference Chair
Eileen Horton
Moore County
366 Duck Branch Road
Fayetteville, TN 37334
(931) 433-0075
(931) 808-0402 (cell)
eileen@cafes.net
Central Region Board for 2015

**Education Chairpersons**

**Retreat Marketable Skills—Leadership**  
**Emily Gordon**  
**Marshall County**  
780 Yell Road  
Lewisburg, TN 37091  
(931) 359-7074 (cell)  
emily.fce@gmail.com

**Cultural Arts**  
**Mary Sue Young**  
**Rutherford County**  
107 Peyton Drive  
Shelbyville, TN 37160  
(931)437-2408 (home)  
(615) 308-4573 (cell)  
marysueyoung@msn.com

**Fashion Revue**  
**Anne Waggoner**  
**Smith County**  
22 Stewart Hollow Lane  
Elmwood, TN 38560  
(615) 897-2767 (home)  
(615) 957-9011 (cell)  
stillwatersrundeep@live.com

**Advisors**

**Brenda Hannah - Moore Co.**  
P. O. Box 188  
Lynchburg, TN 37352  
(931) 759-7163 or 931-212-5267  
bhannah1@utk.edu

**Mary Beth Henley – Franklin Co.**  
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Winchester, TN 37398  
(931) 967-2741  
Cell: 931-308-9256  
mhenley1@utk.edu

**Terri Orr - Marshall Co.**  
230 College Street, Suite 130  
Lewisburg, TN 37091  
(931) 359-1929  
terorr@utk.edu

**Allisen Penn**  
**Central Region Office**  
5201 Marchant Drive  
Nashville, TN 37211  
(615) 832-6550  
allisenpenn@utk.edu
### Central Region Planner

#### January 2015

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**January Reminders**

- **23- Regional Information Day 9:30am**
  - Rutherford County Ext. Office
  - 315 John Rice Blvd., Murfreesboro, TN 37129
Instructor Form for 2015

Marketable Skills and Learning Session Classes

Marketable Skill Craft Class___________ Learning Session Class___________ Wed. Walk-In _______

Name of Instructor __________________________________________ Phone (         )_______________________

Street Address __________________________________________________________________________

City ___________________________________ State ______ Zip __________ County _________________

Email (*REQUIRED may use Agent’s)_________________________________________________________

Check One:    Agent _______ fce Member _______ Business _______ Other _____________

• Craft class to be taught _____________________________________________________________ Cost: __________

• Learning Session to be taught ___________________________________________ FCL Class___________

• Hours needed to complete craft or session: 15 min. Walk-in _____ 1- _____ 2- _____ 4-_______

• Number of persons per class_____________ Number of classes I will teach________________

• Please check if class is for: Beginners__________ Advanced__________ or either___________

• Can participants drop in to begin their project at any time during class? ____________________

• List all supplies the participant will need to furnish (scissors, needles, pins, etc.)
  ___________________________________________________________________________________
  ___________________________________________________________________________________

• Will you have “Take Home Kits” furnishing all supplies?   YES or NO   Cost of  kit?______________

Check the days and time you will teach class:

Tuesday ,May 26     9:00—10:00_____ 10:15—11:15______ 3:30—4:30______ Night Owl______

Wednesday, May 27  8:30—10:10 Walk-in_____ 10:15—11:15______ 3:30—4:30_____ Night Owl____

Instructor discount will be given to the Lead Instructor based on minimum 4 hours of teaching. This can
be one class or a combination of classes. Instructors must pay the full registration fee. A $50 refund will
be given after retreat. Discount applies to Lead Instructor only. *Assistant will not receive discount.

Please check the following if you need them for your craft or learning class:

Number of tables _______Chairs _______ Water faucets _______ Electricity _______

List any other needs _____________________________________________________________

• Include short class description on back of this form. Please return this form by February 15, 2015  to Emily Gordon,
  780 Yell Road, Lewisburg, TN 37091

• Send a digital picture to emilyg.fce@gmail.com

• If you need to contact me: 931-359-7074 or emilyg.fce@gmail.com
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<td>Central Region Board Meeting</td>
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**February Reminders**

1. Heart of fce Nominees due to Region President Betty Jo Haskell
2. Retreat Instructor Forms due to Region Ed. Chair Emily Gordon
3. State Project Reports due to State V.P. for Programs Phyllis Narus
4. Central Region Board Meeting 9:30am
HEART OF FCE AWARD
GUIDELINES

Objective:
To pay special tribute to the unsung *grassroots members who have made a difference in their communities through their FCE work.

Criteria:
1. Must be a grassroots member nominated by his/her peers.
2. Must be verified current member of National FCE to be nominated.
3. Photo must accompany the form.
4. State FCE president must sign form of state winner for the Heart of FCE Award.

Selection Process:
1. Heart of FCE Award form is available from the State FCE President, the National FCE Headquarters, or by enlarging the page in the NAFCE Handbook.
2. Counties choose a nominee for the Heart of FCE Award. Individual efforts, projects and results, or other contributions made by nominee for FCE need to be included on the nomination form. Form and recent photo are sent to region FCE Association.
3. Region FCE Association selects the Heart of FCE Award winner and forwards the winner’s form and photo to the state FCE Association.
4. State FCE Association selects the Heart of FCE Award winner, the state president signs form and forwards the form and photo to the National Chair for the year, post-marked not later than March 1.
5. National FCE will recognize one Heart of FCE Award winner per state at the National FCE Conference with a specially designed Heart of FCE pin.
6. Clubs, counties, regions and states are encouraged to recognize Heart of FCE nominees and award winners at their county, region or state meetings or in another appropriate manner with the Heart of FCE lapel pin. The lapel pin is a special design for use within the state and may be ordered from the National FCE Headquarters. Call toll free 877-712-4477 to order.

*grassroots member- Someone not currently serving on the National, State, Region Board.
(reworded for Tennessee from 2005 NAFCE Handbook)
NAFCE HEART OF FCE

Due Date:  See Below
Each state to submit ONE nominee

State send to: ______________________________(nafce chair)

____________________________

____________________________

Nomination Name: ____________________________

Address: ____________________________________

Phone: ______________________________________

Club: ________________________________________

*Please attach recent photograph of nominee (original photo, no scanned copies please)*

Briefly describe reason for recommendation for the Heart of FCE Award. Please include individual effort, any project and results, and other contributions made by nominee while working in FCE. For publicity purposes, limit the summary to 100 words or less.

_____________________________________________________________________________

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Name of person submitting: ____________________________

Office/Title of Person: ________________________________

Address: ________________________________________

Phone: _________________________________________

State President’s signature: _________________________

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<th>County Due Date: ___________</th>
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Our mission is to strengthen individuals, families, and communities through continuing education, leadership development, and community action. During this year let us strive to do this through support for our children and youth and our communities. The following are ideas of areas where our help may be needed:

LITERACY
Personal reading and creative writing
Read to children and listen to children read
Imagination Library, especially enrollment for children birth to age 5
Share your magazines with senior facilities

COMMUNITY ACTION
Attend local and county governmental meetings
Collect can tabs for Ronald McDonald House
Wrapped in Love, Linus blankets, hats, gloves, coats, Sewing for Souls
Care for parks and cemeteries
Prepare health packs for veterans’ hospitals and county health departments
Promote FCE through community festivals and fairs
Family Emergency preparation
Caps or hand puppets for children’s Christmas Boxes (support your local group)

There are many families with children where neglect and/or abuse are a daily occurrence. Find out what you as an individual can do. Be willing to take action. Throughout the year be sure to read your local newspaper and stay abreast of community events. An informed person is able to act responsibly when needed.

EDUCATION
Mentor single mothers and young homemakers
Head Start and classroom support
4-H volunteer activities
School supplies
Share cultural art skills with others
Teach leadership skills for your FCE club and to other organizations in your community
Boxtops and Labels for Education

The key to being effective is to be aware of what is going on around you.
TAFCE STATE PROJECTS

Individual or Club Report

Complete a separate Report for each Project & submit to your County.

All projects will be summarized by County and forwarded annually to the State Vice President.

Work done in 20_______. Club: ____________________________

Due Date: ____________________________

Due to: Council President or Chair Person

Person Submitting: ________________________________________________________

Title: _________________________________________________________________

Phone: ________________________ Email: ______________________________

Brief Description of Project Completed: ________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Choose the area below that best fits your project and complete all columns across; try not to leave any blank (an “estimate” is better than no information). Example: Baby Book Sewing project is listed under “Literacy,” Soup Labels, etc. are listed under “Education,” projects for area Nursing Homes are listed under “Community Action,” etc.

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Revised: April 2012:effective 2013
TAFCE STATE PROJECTS

COUNTY SUMMARY

(keep all individual reports in County...do not mail with this form)

Summary of work done in 20______. Region: ___________________________

County: ___________________________

Due Date: February 15th

Send to: State Vice President of Programs

(this “Summary” sheet only: send a copy to your Region VP of Programs)

Person Submitting: ___________________________________________________________

Title: ___________________________________________________________________

Address: ___________________________________________________________________

City: ___________________________ State: TN Zip Code: _______________________

Phone: ___________________________ Email: ___________________________

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**March Reminders**

2—Character Counts due direct to:  
State President Mary Lou Burch

2—Read Across America/Dr. Seuss (celebrated)

3—FCL Applications due to  
Region Treasurer Lucy Deal
FAMILY AND COMMUNITY LEADERSHIP

What is FCL?  Family and Community Leadership (FCL) is an educational program jointly sponsored by the Tennessee Association for Family and Community Education (TAFCE) and the University of Tennessee Extension. The program, initially funded partly by the W. K. Kellogg Foundation, offers leadership workshops to prepare participants for involvement in public policy, decision-making affecting families and communities.

Who can participate?  Anyone who will make a commitment to work in the FCL program 12-24 days for a year may participate. The program’s primary audience is women.

Why is FCL special?  FCL teaches skills with the purpose to increase leadership and involvement of women in community affairs. FCL’s teamwork approach uses volunteers and Extension educators in all parts of the program, which includes decision-making, planning and management, teaching and evaluation.

How does it work?  Participants in FCL are taught by peers. They practice skills related to citizen participation and learn to become teachers themselves. In this way, the effect of the program is multiplied.

What is taught?  The basic FCL training program includes 30 hours of instruction in six areas: 1) Leadership and Communication; 2) Working with Groups; 3) Issue Analysis and Resolution; 4) Community Affairs and Public Policy; 5) Volunteerism; and 6) Teaching Methods.

What are the goals of FCL?  Education: to understand the complexities of the public issues and how to solve public problems; to become competent in management and decision-making skills. Participation: to involve women who have learned to lead effectively in public affairs on family-related issues. Organization: to develop resources within TAFCE, UT Extension and others, which support leaders and groups.

How is FCL funded?  The W.K. Kellogg Foundation provided initial capital which supplemented TAFCE and UT Extension to establish the Tennessee FCL program. TAFCE and UT Extension provide funding and in-kind support for the current training session. There is also a nominal participant fee.

What are the main elements of FCL?  A team approach which links volunteers, TAFCE members and UT Extension educators in the management of project policy, implementation, teaching and evaluation.

A curriculum developed from disciplines currently incorporated in Family and Consumer Sciences and Community Resource Development programs.

A process of public policy involvement and training on family issues for family members, targeting women as the primary audience.

A process based on sharing resource materials and expertise across county lines to strengthen the program.

A curriculum based on leadership to increase involvement in community affairs.

A process that teaches participants to become teachers and mentors of adults as they gain skill and experience.

A negotiated time commitment by training recipients to work in the FCL program as a trainer, organizer or fce board member in return for training received.
Central Region fce
Family and Community Leader Training
Scholarship Application

This application is to be completed by a current Central Region fce member, being a member for at least two (2) years, who is interested in attending the Family and Community Leadership (FCL) Training. This scholarship is provided by the Central Region Board in order to educate and train members to become active leaders in their local fce club, county fce council, and regional board. It is the expectation of the member, upon completion of the training, to return to their club, county, and/or region and serve in a leadership role. You must attend two sessions for a total of thirty (30) hours to complete the training. There are six (6) scholarships available for each session per region. Central Region Board members are given first choice for the scholarships. Then it is available to members on a first come, first serve basis (one participant per county). To complete the form; fill out the application and attach a check in the amount of $80.00. The check will be cashed and a refund will be given after completion of the second session. If a member is awarded a scholarship and does not attend both sessions, the money will be forfeited.

Name__________________________________________________________________________________
Address_________________________________________________________________________________
Phone No.__________________________________ e-mail_______________________________________

Number of years in fce _____ Are you a Central Region Board Member? _____Yes _____No

Why are you interested in attending FCL Training?_______________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Offices held within fce : __________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Fce Activities:_____________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Other Community involvement:______________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

When do you plan on beginning? _________Spring ________Fall

Signature: ____________________________________________________________________________

Effective 01/01/2014
Central Region Planner

April 2015

<table>
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<th>Sun</th>
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April Reminders

1 - Central Region Board Meeting 9:30 am
15—Leadership Retreat Registration due to
   Region Treasurer, Lucy Deal
15—Leadership Retreat Class Registration due to
   Region Ed. Chair, Emily Gordon
15—State Scholarship Applications due
direct to State, Sarah Zapatocky
28 & 29—FCL Training in Lebanon, Comfort Suites
The Tennessee Association for Family and Community Education (FCE) offers one individual $1,000 Scholarship per year to a TAFCE member who desires to further her/his education. To apply, the following criteria MUST be met:

- Deadline for COMPLETE application is April 15th and must be received by the current TAFCE Education Chair.
- Candidate must have a 2.5 or greater cumulative GPA. Attach to the scholarship application: OFFICIAL transcript of courses completed, two (2) letters of reference, and a 250 word statement regarding your future goals.
- Applicant MUST be a current member of the state FCE organization with membership being current for the past two (2) or more years. Scholarship is for student who through her/his active membership in an FCE Club has shown leadership, provided service to others and contributed to the community.
- The TAFCE Scholarship is open to any student CURRENTLY ENROLLED in an accredited degree program or vocational school. The student may have an undecided major.
- Applicant must have some financial need but not necessarily qualify for financial aid.
- Applicant must be enrolled in a minimum of 6 hours per semester.
- Candidates must be willing to be interviewed by the scholarship committee if requested.
- Recipient’s school will be paid in two (2) installments of $500, one for the fall semester and one for the spring semester. These payments will be made shortly after each semester begins and may be utilized for school related expenses of your choice such as tuition, books, fees, etc.
- To initiate the disbursement process, the winner will need to contact and provide the following information each semester to the TAFCE State Treasurer: 1) an official transcript indicating proof of current and past enrollment, registration and classes taken for the fall and then again for the spring indicating spring actions; 2) your student identification number; and 3) the name and direct contact information or your school’s Bursar.

Scholarship Committee and Application Process

Scholarship information and applications are distributed to active FCE members in good standing with dues paid in full, via County FCE Yearbooks or the UT Extension Office. Each Spring or unless otherwise directed by the endowing organization, the Scholarship Committee will review all applications and submit candidate information to the TAFCE Board who makes the final choice of recipient. Any recipient may receive a TAFCE Scholarship up to four (4) years but application must be made each year with all guidelines followed.

Forfeiture of Scholarship

The TAFCE State Treasurer must be notified of any change in financial situation or status that would make the applicant ineligible for the scholarship. If the recipient should drop out of school without a valid reason, the scholarship is forfeited for the next semester.

Revised 8-20-2013
TAFCE SCHOLARSHIP APPLICATION FORM

Applicant Name_________________________________________Social Security No. _____-____-

Address_____________________________________________________

City________________________State________Zip Code____County_____________________

Home Phone ( ) __________________________ How many years have you been in FCE? ______ Club Name ________

High School Name____________________________________City____State_____________________

At the start of the fall term, will you be a: Freshman_____ Sophomore_____ Junior_____ Senior_____ 

Planned Major___________________________________Planned Graduation Date____________________

Grade Point Average: Last Semester ________ Cumulative GPA ________

Planned Degree__________________________________________________________

Please use the space below for your biographical statement including your educational background and financial need:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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Actual dollars and source of funds available to you for education purposes: 

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tr>
<td>Per Semester</td>
<td>$ _____</td>
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<td>Wages (full or part-time)</td>
<td>$ _____</td>
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<td>Parents/Spouse (if applicable)</td>
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<td>Scholarships</td>
<td>$ _____</td>
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<td>Loans</td>
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<td>Other Sources (specify)</td>
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<td><strong>Total</strong></td>
<td>$ _____</td>
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I attest that all information is complete and accurate.

Applicant Signature ___________________________ Date ____________________

Please note: Additional information or supporting exhibits about your activities, employment, etc., may be attached to this application to enhance your opportunity for success. Please attach your statement regarding future goals as a separate page to this application. (Revised 04/2008)

County Due Date: ___________________________ (Counties send directly to State Chairperson for the year by April 15th.)
TAFCE CENTRAL REGION LEADERSHIP RETREAT IS MAY 26-28, 2015
“Together We are a Healthier fce”
Tennessee Tech University, Cookeville, TN
Information Sheet

Please make sure participants have the following information before they arrive:
**Completed Health Form F -600B REQUIRED for all participants (day and/or overnight)**
Monday arrival time is 3:00 pm for those spending an extra night at retreat.
Full-time & Commuter participants can register Tuesday, May 26 from 8:00 a.m. to 9:30 a.m.
Commuter/One Day participants can register Wednesday, May 27, from 8:00 a.m. to 9:30 a.m.

*Silent Auction*
Proceeds from this auction goes to the Mildred Clarke Scholarship fund. Each county is encouraged to bring ONE OR MORE QUALITY items to be auctioned. The intent of this annual auction is to fund future scholarships. Auction items should be turned in at registration.

*General Store*
Check out the $1.00 bargains in the General Store! Participants can donate items and/or shop for treasures! Proceeds from the General Store are used for the Star Scholarship. Place your name in the box at the registration table for the Star Scholarship drawing. Five names will be drawn from the box for scholarships the next year. All participants (full and one day) are eligible and winners need not be present to win.

*Buck A Bottle*
Buck A Bottle will be sold in General Store ($1.00 per bottle) during the store hours. Each participant that wants to participate brings a wrapped bottle worth at least one dollar. The bottles should be wrapped in newspaper or paper bags to make it interesting!! The money raised goes to the Star Scholarship fund.

*Wednesday Walk-in Classes*
Walk-in craft classes (15 minutes) will be available during Health Fair 8:30-10:00. Visit the fair then do a quick craft!

*Puzzles and Other Games*
This will be held at the same time as night owls.

*Entertainment*
Entertainment will be planned for both nights! Guaranteed FUN!!

Bring your own sheets, pillows, blankets, towels, wash cloths, soap/shampoo, tooth paste, deodorant, etc., a jacket, several changes of clothing, a flashlight, and a camera to capture all the fun you are going to have! Please remember to leave your room as neat as you found it!

LOOKING FORWARD TO A GREAT fce RETREAT
TAFCE CENTRAL REGION LEADERSHIP RETREAT
Tennessee Tech University, Cookeville, Tennessee
May 25, 26, 27, 28
REGISTRATION FORM

PLEASE TYPE OR PRINT CLEARLY

Extension Agent: Yes or No

Name:__________________________________________ Address:________________________________________

City:___________________________________________ State & Zip:_____________________________________

Phone:_______________________ County:_______________________ Email:______________________________

Emergency Contact:________________________ Relationship:________________ Phone:____________________

*Have you ever received the Mildred Clarke Scholarship?_______________

I will attend the 2015 Central Region Leadership Retreat as indicated below:

<table>
<thead>
<tr>
<th></th>
<th>TAFCE Member/Agent</th>
<th>Non-Member</th>
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<tbody>
<tr>
<td>______ 3 day/ 2 night Retreat</td>
<td>$125</td>
<td>$135</td>
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<tr>
<td>______ Day/Commuter Participant Tuesday May 26 (includes lunch and dinner)</td>
<td>$30</td>
<td>$40</td>
</tr>
<tr>
<td>______ Day/Commuter Participant Wednesday May 27 (includes lunch and dinner)</td>
<td>$30</td>
<td>$40</td>
</tr>
<tr>
<td>______ Extra night lodging Monday May 25 (includes dinner on Mon &amp; breakfast Tues.)</td>
<td>$30</td>
<td>$40</td>
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*ROOMMATE REQUEST (2 per room) Name___________________________ County______________

Send this form and payment to your County Treasurer or contact person in your county by date below.

COUNTY DUE DATE______________________________________________

COUNTY TREASURERS:

Please send this form along with Full and Day Participant sheets and ONE check, Plus an additional check for the scholarship winner in your county (if there is one).

TO: Lucy Deal, 119 Higdon Circle, Manchester, TN 37355
(Forms must be postmarked by April 15, 2015)

• No refunds are allowed, however, retreat registrations can be transferred.

Please contact Lucy Deal to transfer your registration

**Every participant must bring a completed Adult Health Form F-600B to Retreat**
2015 Central Region “Leadership Retreat” Class Registration
Please complete all questions and print in INK

Name of Participant ________________________________________________________
Address ___________________________________________________________________
City, State __________________________________________________________________
Zip Code_________________________ County________________________________
Phone ______________________________________________________________________
Email (*Required—May use Agent’s)__________________________

Most class costs will include materials; check class descriptions. Select the classes you want to take. Check the class schedule for starting times (some classes are one or more hours long). Make sure that you list the correct day and time that you want to take the class. Your class schedule confirmations will be sent to your county’s FCS Agent.

### Tuesday, May 26 Full Time/Commuter Participants

<table>
<thead>
<tr>
<th>Class #</th>
<th>Class Name</th>
<th>Cost $</th>
<th>Time</th>
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### Wednesday, May 27 Day/Commuter Participants

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<tr>
<th>Class #</th>
<th>Class Name</th>
<th>Cost $</th>
<th>Time</th>
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</table>

Kit requests are for classes you want to take but can’t due to time constraints, or if you just want an extra one to take home. Not all teachers will offer kits, so make sure to check class descriptions before you order.

**TAKE HOME KIT REQUESTS:**

<table>
<thead>
<tr>
<th>Class #</th>
<th>Cost $</th>
<th>Class #</th>
<th>Cost $</th>
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Return Registration and Check made to “TAFCE Central Region” by April 15th 2015 to:

Emily Gordon (fce Retreat)
780 Yell Road
Lewisburg, TN 37091

Questions? 931-359-7074 or emilyg.fce@gmail.com
ADULT ACTIVITY AND EVENT ACCEPTANCE FORM
Volunteer or Paid Staff Member

The purpose of this form is to give you an opportunity to provide information concerning your health in case of an emergency. You must complete sections I, II and IV. Section III is optional. If under age 18, you should complete Form 600-A.

I. IDENTIFICATION

Name ___________________________________________ Home Phone (____) _________

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<th>Last</th>
<th>First</th>
<th>Middle</th>
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</table>

Date of Birth ___________________________ Sex □ Male □ Female

Home Address ___________________________________________________________

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<th>Street/P.O. Box</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
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</table>

Emergency Contact ____________________________________________

Name

Address ___________________________________________________________

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<th>Street/P.O. Box</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
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Relationship _______________________________________________________________________

Work Phone (____) _________

II. PUBLICITY RELEASE

As indicated by the signature below, I authorize the University of Tennessee, Tennessee State University, and the Tennessee 4-H Foundation to photograph, film, audio/video record and/or televise my image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

Signature ______________________________________ Date _________________________

Date received in 4-H Center or county office _________________________________________

1 of 2
Name ______________________________
County __________________________________________

III. HEALTH HISTORY AND MEDICAL RECORD
The information on this form will be provided to any health care providers in case of an emergency. This information will not be used to discriminate against a participant on the basis of any disability.

Name of Physician __________________________ Phone (____) __________________________
Medical/Hospital Insurance __________________________ Carrier __________________________ Policy of Group # __________________________

CHECK ALL THAT APPLY
☐ Allergy to a medicine, food, plant, or insect toxin. Explain __________________________
☐ Is participant allergic to the following drugs: ☐ Penicillin ☐ Sulfas ☐ Tetracycline ☐ Aspirin
☐ List allergies to other drugs or allergens __________________________
☐ Any condition that may require special care, diet or restriction of activities for medical reasons. Explain __________________________
☐ Asthma ☐ Heart Trouble ☐ Nosebleeds ☐ Diabetes ☐ Convulsions ☐ Fainting Spells
☐ Do you wear? ☐ Dentures ☐ Contact Lens ☐ Other (Explain) __________________________
☐ Is any medication, including medication for behavior modification, being taken at the present time? ☐ Yes ☐ No
If yes, explain __________________________

Date of most recent examination __________________________
Are you aware of any current health problems? ☐ Yes ☐ No If yes, explain __________________________

Is there any disease, accident, illness or past/present history related to the following? (If yes, please give dates and full details.)

<table>
<thead>
<tr>
<th>Serious Illness/Injury</th>
<th>No</th>
<th>Yes</th>
<th>Year</th>
<th>Appendicitis</th>
<th>No</th>
<th>Yes</th>
<th>Year</th>
<th>Rheumatic Fever</th>
<th>No</th>
<th>Yes</th>
<th>Year</th>
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<tbody>
<tr>
<td>Surgery</td>
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<td>Kidney Infection</td>
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<td>Blood</td>
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<tr>
<td>Ears/Eyes</td>
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<td>Back/Limbs/Joints</td>
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<td>Stomach</td>
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<td>Teeth/Tonsils</td>
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Immunizations

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<th>Last Yr. Given</th>
<th>Have Had</th>
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<td>Measles</td>
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<td>Tuberculosis</td>
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IV. EMERGENCY MEDICAL RELEASE
In consideration of my participation in the 4-H activity or event, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization or surgery. In the event of illness or injury, I hereby authorize the University of Tennessee, Tennessee State University, and its representative(s) or agents(s) to secure any necessary treatment, including the administration of anesthetics and surgery. I further give permission to the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to provide this medical history form to health care personnel. I authorize my physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. Either the original permission or a photocopy thereof is valid as an authorization.

I recognize that the event does not provide sickness or accident insurance coverage for participants. I accept responsibility for payments of those medical costs incurred for injuries or illnesses.

I have read this Release and Assumption of Risk Agreement and signed it on behalf of myself, my heirs, assigns and anyone entitled to act upon my behalf.

* Signed __________________________ Date __________________________ Month/Day/Year

*If for any reason you do not sign this, you must complete and sign Form 600-C.
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<th>Number of Full-Time Participants</th>
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**Health Forms**

- Extra Night
- Under 21
- Handicap
- Special Needs

<table>
<thead>
<tr>
<th>Name</th>
<th>Age under 21</th>
<th>Health Form</th>
<th>Extra Night</th>
<th>Paid Amount</th>
<th>Scholarship Amount</th>
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**COUNTY:**

- Cost Extra Night: $40.00 per FCE Member
- Cost: $135.00 per Non FCE Member
- Cost Extra Night: $30.00 per FCE Member
- Cost: $125.00 per Non FCE Member

May 26-28, 2015 | 2015 Central Region FCE Leadership Retreat | Registration

**FULL-TIME PARTICIPANTS:**

May 26-28, 2015 (May 25 extra night)
**ONE DAY / COMMUTER PARTICIPANTS**

2015 Central Region FCE Leadership Retreat Registration

May 26, 2015

| COUNTY:_____________________
| Number of One-Day Participants: _______________________ |
| Total Amount Due:__________________ |

Send this completed form along with the registration forms for every participant (full and day) and one check for total registration fees payable to CENTRAL REGION TAFCE – PLUS ONE CHECK for Scholarship Winner (if there is one) and mail to: Central Region Treasurer, Lucy Deal, 119 Higdon Circle, Manchester, TN 37355. Keep a copy of this form for your files. You may want to bring a copy with you to retreat for comparison purposes.

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**Due Date for County Treasurers to Send to Region:** April 15, 2015

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**Scholarship Recipient:**

<table>
<thead>
<tr>
<th>Extra Night Room</th>
<th>Special Needs/Handicap Forms</th>
<th>Age If under 21</th>
</tr>
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</table>

**Cost:** $40.00 per FCE Member

**Cost:** $30.00 per FCE Member

May 26, 2015

2015 Central Region FCE Leadership Retreat Registration

ONE DAY / COMMUTER PARTICIPANTS
ONE DAY COMMUTER PARTICIPANTS

2015 Central Region FCE Leadership Retreat Registration

May 27, 2015

Cost: $30.00 Per Person – FCE Member
Cost: $40.00 Per Person – Non FCE Member

COUNTY: ____________________

Number of One Day Participants: ____________________
Total Amount Due: ____________________

Send this completed form along with the registration forms for every participant (full and day) and ONE CHECK for total registration fees payable to CENTRAL REGION TAFCE – PLUS A CHECK for each Scholarship Winner (if there are any) and mail to: Lucy Deal, Treasurer, 119 Higdon Circle, Manchester, TN 37355. Keep a copy of this form for your files. You may want to bring a copy with you to the retreat for comparison purposes.

DUE DATE FOR COUNTY TREASURERS TO SEND TO REGION: APRIL 15, 2015

Name
Health Form
Age if under 21
Name: __________________

Under 21
Health Needs
Special Needs
Recipient
Scholarship Amount
Paid

No.
1.
2.
3.
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5.
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10.

Total Amount Due: ____________________

2015 Central Region FCE Leadership Retreat Registration

ONE DAY COMMUTER PARTICIPANTS
GUIDELINES FOR STAR SCHOLARSHIP

1. Number of scholarships given will be no more than FIVE (5) per year with the money raised at retreat during the current year. Names will be drawn on the last day of retreat.

2. The scholarship may be transferable within the county. Recipient will be responsible for scholarship disbursement.

3. If scholarship does transfer, recipient must notify the Region and County Treasurers and transfer the certificate to the new recipient.

4. The Star Scholarship must be used the following year after being awarded.

5. Any fce member attending retreat is eligible to win this scholarship, whether they attend retreat full-time or one day only. There is no limit on the amount of times a participant may win this scholarship.

6. If the scholarship is not used by a full-time participant, it may be divided equally for as many day participants as it can pay for.

7. This scholarship is **NOT** redeemable for cash.

8. Scholarship certificates are issued when you win and **MUST** be turned in the following year with your registration.

9. Scholarship winners **MUST** submit a check with their retreat registration for the full amount of retreat. When they attend retreat, their check will be returned to them un-cashed. If a scholarship winner fails to attend retreat that they have registered for, their check will be cashed and they will forfeit the scholarship.
The TAFCE Central Region Council offers the Mildred F. Clarke Leadership Scholarship to each of the 31 counties in the Central Region.

The recipients will receive registration, meals and lodging at the annual Central Region Leadership Retreat.

The Scholarship recipients shall be chosen by their County Council, with advice from the Extension Family and Consumer Sciences Agent.

Should any county not have a qualified applicant for a full time scholarship in any year, they may use their scholarship that year for two (2) one-day only scholarships. If a county has no qualified applicants for either scholarship, they will forfeit their scholarship for that year.

The applicant must complete the official form on the front of this sheet.

Forms must be complete, including all required signatures, and in the possession of the Region Treasurer by the deadline for Retreat Registration.

A check for the total amount of retreat fees must be attached. This check will be held until the scholarship winner attends the retreat, at which time it will be returned to her/him un-cashed. If in the event that the scholarship winner does not attend retreat then the check will be cashed.

Each applicant must meet ALL of the following requirements:

1. Must be an active TAFCE Member.

2. Must never have attended a Central District/Region Leadership Retreat as a full-time participant if applying for full-time scholarship, or never attended a one-day retreat if applying for one-day scholarship.

3. Applicant must be willing to return to their County and share whatever information obtained at Leadership retreat with other members in whatever way determined by their County Council.
MILDRED F. CLARKE LEADERSHIP SCHOLARSHIP
APPLICATION FORM:

Name:________________________________________________________

Address:______________________________________________________

City: ________________________State: ____________Zip Code:_______

Phone: _________________________County:_________________________

Local FCE Club:_______________________________________________

Years of FCE Membership:_________________

Leadership Positions Held:

Club:________________________________________________________

County:______________________________________________________

District/Region________________________________________________

State_________________________________________________________

Please state why you would like to receive this scholarship:_____________

I am applying for:             Full time scholarship____________

One-day scholarship____________

I have completed this application to the best of my ability and do promise that all information herein
is true. If I receive this scholarship I agree to abide by the requirements governing this scholarship
(On reverse side of this sheet.)

Signature:_____________________________________

Date:_________________________________________

THIS APPLICATION SHOULD BE FILLED OUT BY THE APPLICANT AND SUBMITTED TO
YOUR COUNTY TREASURER WITH YOUR CHECK AND REGISTRATION FOR RETREAT.
YOUR COUNTY WILL DETERMINE YOUR ELIGIBILITY FOR THE SCHOLARSHIP AND THEY
WILL SUBMIT THIS FORM WITH YOUR CHECK AND REGISTRATION TO THE REGION.
YOUR CHECK WILL BE RETURNED WHEN YOU ATTEND RETREAT.

_____________________County does hereby recommend this applicant as the
recipient of the Mildred F. Clarke Leadership Scholarship.

County Council President:__________________________________________
May 2015

Central Region Planner

1-31—Imagination Library Month
15—State “Day of the Family” Project
25—Extra Night at Leadership Retreat (TTU)
26-28—Leadership Retreat at Tennessee Tech University in Cookeville, TN

May Reminders
CELEBRATE “THE DAY OF THE FAMILY”
Recognize a Family with a Special Card

MAY 15TH

TAFCE members can celebrate in an exciting project on May 15th each year. This is a chance for every member to participate in recognizing the importance of family.

Here is what YOU can do!
1. Each member may select a family of their choice and mail or hand deliver cards.
2. Clubs can get together and make cards or cards may be purchased.
3. A suggested card sample is as follows:

FRONT COVER:
Day of the Family Your Family is special as can be. So here’s a wish from FCE.

INSIDE LEFT:
May 15th is the Day of the Family and we hope that you’ll take time to have a wonderful celebration with your family.

INSIDE RIGHT:
Here are some fun ways to spend time with your family:
   Have a picnic
   Play games
   Read a book together
   Nature Walk
   Bake cookies
   Play with your children or grandchildren
   Sit down to a meal together

BACK:
Made especially for you by ________________________________

(This Project began in Tennessee May 15, 2003.)
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<td>CVU’s, Best of the Best, Creative Writing Due</td>
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**Central Region Planner**

**June Reminders**

1—CVU’s Due to Region **Gail Norton**
1—Best of the Best Due to **Gail Norton**
1—Creative Writing Due to **Pat Rottmund**
RULES for TAFCE Creative Writing Program

1. Must be written by a TAFCE DUES PAYING MEMBER WHO IS NOT A PROFESSIONAL WRITER. (This means that he/she does not receive compensation for their articles.)
2. Entries must not exceed 1,000 words. (No Illustrations allowed. Entry will be disqualified if this rule is not followed)
3. Entries must be legibly handwritten in black ink or typed with black ink in a font size of 12 or 14 on white paper.
4. Include writer’s name, address, phone number, county, region and category on a cover sheet. On the last page, include your name, county and region in small letters.
5. Deadline for submitting entries is at the end of this form.
6. Those judged first and second place in each category in the region would be sent to the state for competition and compiled in a booklet. The state will award to first place winners in each category $10.00 and a booklet. A booklet will be awarded to second and third place winners in each category.
7. Entries will not be returned.

CATEGORIES (one entry per person per category)
1. Poetry: any style
2. Essays: any subject or person
3. Short Stories
4. Children’s Stories: (No Illustrations to be submitted)
5. Feature Article/News Article: can be club report publication. Only original article will be accepted (no copies). Cut out NAME and DATE of publication and send with article.
6. Miscellaneous: any entry that does not fit into above categories.

TAFCE Members May Submit Entries in Any or All Categories

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<th>Scoring Criteria</th>
<th>Points</th>
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<td>Introduction: Gets attention, indicates direction, etc. Well organized</td>
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<td>Body: Well organized</td>
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<td>Conclusion: Ends with a purpose, summarizes, etc.</td>
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<td>Creativity / Originality</td>
<td>50</td>
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<td>Results Effect on the reader</td>
<td>30</td>
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<td>TOTAL</td>
<td>100</td>
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Region Due Date: ______________ To Region Chairperson Pat Rottmund
(Revised November 2010)
CERTIFIED VOLUNTEER UNITS

This is your record of volunteer time. Keep your records for future documentations of your volunteer experiences. **Make additional copies of this form as needed.**

**Certified Volunteer Units** are used to recognize individuals preparing for and completing volunteer work within FCE and the community. You can count telephone and travel time if it relates to your volunteer project. Any volunteer acts count except those for immediate family. (Example: meals for shut-ins, church work, hospital and nursing homes, charitable or non-profit organizations, etc.)

When you have completed 500 hours of volunteer service, you will receive a Certificate of Recognition from TAFCE. Five hundred (500) hours of volunteer time equals 50 CVUs. Each additional 500 hours will earn a seal to be affixed to the certificate, a maximum of 4 seals per certificate. **The maximum time span for turning in unreported hours is three (3) years.**

Keeping a record of CVU hours can help you in many ways. A record of your volunteer time can help you:

* Prepare for more responsible leadership and/or volunteer positions with FCE and/or other organizations.

* Seek paid employment. Properly documented volunteer work can be listed on a job application.

* Seek elective office. Community involvement and public service are important qualifications for elective offices.

* Qualify for awards and recognition. Honor and award applications usually ask for a listing of volunteer service.

* Qualify for scholarships. Volunteer service verifies the scope of your interests and background.

* To help you grow personally. Volunteering can be fun and personally rewarding. Serving others can be a life-changing experience.

To receive your certificate and/or seal(s), complete the Volunteer Service Summary Sheet. **Turn in CVUs in 500 hour increments only, Not to Exceed 2,000 Hours per year unless Documentation is Presented to Verify Excess. Odd hours will be discarded!** Send only the Volunteer Service Summary to your county or Region Vice-president of Public Policy. It will then be forwarded to the State Vice-president of Public Policy. **Check with your Region Vice-President of Public Policy for the deadline in your Region. It is very important that you adhere to these deadlines. Keep your personal records for reference and documentation.**

Revised 2011
CERTIFIED VOLUNTEER UNITS
Volunteer Service Summary

Name _______________________ County __________ Region _________

City _________________________ State ______ Zip __________

Date Submitted for Recognition: ____________________________

<table>
<thead>
<tr>
<th>Date of Volunteer Activity</th>
<th>Type of Volunteer Activity</th>
<th>Hours of Volunteer Time</th>
<th># of People Reached</th>
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TOTAL HOURS: ______  
TOTAL PEOPLE REACHED: ______

County Date

_________________________  ________________

Region Date

_________________________  ________________

State Date

[The Total Hours must be submitted in 500-hour increments (i.e. 500, 1000, 1500, not to exceed 2000 per year)]

County Due Date: _________________  Region Due Date: June 1st  

State Due Date: July 1st  

to Region VP of Public Policy  
to State VP of Public Policy

Revised 2011
CERTIFIED VOLUNTEER UNITS
Personal CVU Log

Name ___________________________ County: __________
Address ___________________________ Phone: ______
City ___________________________ State ______ Zip ______

**********

Please check the guidelines when reporting volunteer hours
to make sure you report them correctly.

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<tr>
<th>Date of Vol. Activity</th>
<th>Type of Volunteer Activity</th>
<th>Hrs. of Vol. Time</th>
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~ DO NOT TURN THIS SHEET IN ~

Keep this copy for your file; transfer total hours to the "CVU Volunteer Service Summary."

38
<table>
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<tr>
<th>Name</th>
<th>Hours</th>
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<td>List in alphabetical order by last name</td>
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“BEST OF THE BEST”

~ Nomination Form ~

(Please include this form along with the other required documents.)

Name of Nominee: _______________________________________________

Address: _______________________________________________________

_________________________________________________________________ Zip Code: ________

Telephone Number: ____________________________________________

County in which nominee is a member of:

_________________________________________________________________ 

Name of FCE Club nominee is a member of: _______________________

_________________________________________________________________ 

Name of individual/group submitting nomination: ____________________

_________________________________________________________________ 

Date nomination submitted: _____________________________________

_________________________________________________________________

Signature of County VP of Public Policy or County Council President

_________________________________________________________________

Signature of Region Vice President of Public Policy or Chairperson

_________________________________________________________________

Signature of TAFCE Vice President of Public Policy

(Revised: August 2008)

County Due Date: _______________ Region Due Date: _______________ State Due Date: _______

to VP for Public Policy or Chairperson to VP for Public Policy

40
“BEST OF THE BEST”
This award recognizes and honors outstanding members of TAFCE who have given over and beyond the norm in the performance of duties as a volunteer, though unselfish acts for the betterment of their community.

GUIDELINES FOR NOMINATION

1. Nominee must be an active member of TAFCE.

2. Three (3) letters of recommendation and three (3) forms of documentation must accompany each nomination form. Members or non-members of fce may submit letters of recommendation.

3. The three (3) letters of recommendation highlighting the accomplishments of the nominee should include:
   - A stated reason for nominating the individual.
   - Examples of how the fce member (nominee) has actively promoted and/or marketed fce.
   - Accomplishments and participation in fce (i.e. local, region, state) in the last 10 years.
   - Recognition and awards in fce or other organizations.
   - Membership or participation in community related activities.

4. Documentation is limited to three (3) 8 ½ x 11 pages (front side of page only). Support documentation can be newspaper articles, pictures or other relevant information. Do not submit original articles or photos. Entries can be digital photographs or copies of articles, photographs or other information. (Committee will not be responsible for original articles or photographs.)

   A total of six (6) pages - three (3) letters of recommendation and three (3) forms of documentation.

5. Must be submitted in a plain three (3)-ring portfolio.

COUNTY GUIDELINES
Each county may submit one nominee. If a nominee is not selected at the regional level as a “Region Winner,” that individual may be nominated again by their respective county another year.

The county Vice President for Public Policy or County Council President should submit the nominee to the Region Vice President for Public Policy or designated Education Chair by June 1 of each year.

REGION GUIDELINES
The Region Vice President for Public Policy or Education Chair should have an independent panel of judges to select a region nominee. The nominee information should be forwarded
to the TAFCE Vice President for Public Policy no later than August 1 of each year.

(\textit{Best of the Best Guidelines continued})

There will be one nominee from each of the three regions (i.e. Western, Central and Eastern). Each region may submit only one nominee and this individual may not be submitted as a nominee from the respective region for a two-year period.

The nominee from each region will receive a gift and monetary award of $25.00 from TAFCE, to be presented during the annual TAFCE state conference.

\textbf{STATE GUIDELINES}

An independent panel of judges will be appointed to select the “BEST OF THE BEST” state award recipient from the three region winners. The committee’s selection will be based on the information provided by the nominating region (refer to Guidelines for Nomination above).

The “BEST OF THE BEST” state award recipient will receive a commemorative gift and a monetary award in the amount of $50.00 from TAFCE, to be presented during the annual TAFCE state conference.

The state award recipient will not be eligible for nomination or recognition for the “BEST OF THE BEST” award in the future.

\begin{center}
\begin{tabular}{|l|}
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All entries MUST comply with the published guidelines. Nominations that do not follow the guidelines will not be considered for competition \tabularnewline
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\begin{center}
\begin{tabular}{|c|c|c|}
\hline
County Due Date: & Region Due Date: & State Due Date: \tabularnewline
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 & to Region Chairperson & to State Chairperson \tabularnewline
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Revised August 2011
# Central Region Planner

## July 2015

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<td>New 50 year member application due</td>
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<td>Regional Officer Nomination &amp; Kate B. Scholarship due</td>
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<td>Regional Board Meeting</td>
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### July Reminders

1. New 50 year member applications due direct to State, Gloria Holcomb
2. Regional Officer Nominations due to Pat Rottmund
3. Kate Bagnal Scholarship applications due to Region, Pat Rottmund
4. FCL Applications due to Region, Lucy Deal
5. Central Region Board meeting 9:30am
6. NAFCE Conference in Blue Springs, Missouri.
TAFCE
50 YEAR MEMBER APPLICATION FOR CERTIFICATE

NAME: ______________________________________________________
(print or type EXACTLY as you want it to appear on certificate)

ADDRESS: ___________________________________________________

CITY: _____________________________ STATE: _____ ZIP: ________

Contact Name_________________________ Phone: __________________

REGION: ___________________________ COUNTY: ________________

CLUB: _____________________________

YEARS OF MEMBERSHIP: ___________ YEAR FIRST JOINED: ______

HIGHLIGHTS OF MEMBERSHIP:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
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________________________________________________________________
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________________________________________________________________

SIGNATURE _______________________

County Due Date: ____________ Counties send directly to State Chairperson by July 1st)

(Revised 2011)
CENTRAL REGION OFFICERS NOMINATION FORM

Name:_________________________________________County:_______________________

Address:________________________________________________________________________

Phone: ___________________________E-Mail Address:____________________________________

fce Club Member: Yes _________ Number of Years: ______________________________

Offices Held: Local____________________________________________________________

County:________________________________________________________

Region: _________________________________________________________

State: __________________________________________________________

fce Club Committees served on: ________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

fce Awards and Recognition: ____________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Community Involvement: (Example: church, civic, school, etc.)________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

fce Leadership experiences and examples of positive participation in Community affairs:
(Example: fairs, charity, drives, etc.)______________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

(fce member’s name) __________________is nominated by __________________for (office)
_______________________________________for one term.

If elected to a Region Office, I will carry out all duties to the best of my ability.

Date:

_______________________Signature:____________________________________

(If additional space is needed, attach plain sheet of paper).

DEADLINE: POSTMARKED NO LATER THAN: JULY 11 OF CURRENT YEAR

TO: Central Region Vice President for Programs
KATE BAGNAL BOOK SCHOLARSHIP GUIDELINES

Central Region of Tennessee Association for Family and Community Education is offering a $500 book scholarship to one FCE member who desires to further his/her education. To apply, the following criteria must be met:

1. Applicant must be an active FCE member who is in good standing with the organization, and desires to further his/her education.

2. Applicant should be enrolled for a degree program or vocational certificate.

3. Applicant must maintain passing grades.

4. If applicant has been enrolled in college previously, a copy of the college transcript should also accompany the application.

5. Applicant must be willing to be interviewed by the scholarship committee, if they so desire.

The scholarship recipient will be paid $500 to be used for the purchase of books for enrolled classes. The scholarship committee must be notified of any change that would make you ineligible for the scholarship. If recipient should drop out of school without valid reason, the scholarship must be repaid. A recipient may reapply, however, but must have maintained a 2.5 G.P.A. to be eligible.

The recipient would receive the money in December, between the Fall and Spring semesters.

IN ORDER TO APPLY YOU MUST FILL OUT THE ATTACHED APPLICATION AND SEND IT ALONG WITH A COPY OF YOUR TRANSCRIPTS TO THE CENTRAL REGION VICE PRESIDENT FOR PROGRAMS.

DEADLINE TO APPLY: POSTMARKED BY JULY 11 OF CURRENT YEAR.
KATE BAGNAL BOOK SCHOLARSHIP APPLICATION

Name of Applicant: ____________________________________________________________

First            Middle            Last

Address: ____________________________________________________________________

Street          City          State          Zip

Telephone No. ________________________________County _________________________

High School __________________________________________________________________

____________________________________________________________________________

Street          City          State          Zip

Year of Graduation ___________________________________________________________

College Choice __________________________________________________________________

____________________________________________________________________________

Street          City          State          Zip

Date of Birth: ______________Number in family living in your home____________________

Marital Status ________________Ages of dependent children (if any)____________________

Work Activities: Are you presently employed? ______________________________________

Where: _____________________________________________________________________

What type of work and how many hours per week?__________________________________

FCE Activities

How many years as a member? _______________________Where______________________

List offices held and/or Program of Work chairman in TAFCE:

Local club _________________________________________________________________

County ________________________________________________________________

Region ________________________________________________________________

State _________________________________________________________________

____________________________________________________________________________

Are you currently enrolled in a college or vocational school? __________________________

If so, Where? ________________________________No. of hours completed______________

______________________________________________________________________________
KATE BAGNAL BOOK SCHOLARSHIP APPLICATION (Continued)

PLEASE ATTACH:

1. A one page essay describing in your own words and handwriting why you want to receive this scholarship and “where I see myself five (5) years into the future?”

2. A copy of college transcript if you were previously enrolled in a college or vocational school.

Signature of Applicant: ____________________________________________________________

Date: _____________________________________________________________

APPLICATIONS FOR THIS SCHOLARSHIP MUST BE POSTMARKED BY JULY 11 OF CURRENT YEAR.

APPLICATION AND COPY OF TRANSCRIPTS SHOULD BE SENT TO:
CENTRAL REGION VICE PRESIDENT FOR PROGRAMS.
Central Region Planner

August 2014

<table>
<thead>
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<th>Sun</th>
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**August Reminders**

1—State Officer Nominations due direct to State, Phyllis Narus
11—Cultural Arts Winners due to Region, Mary Sue Young
11—Fashion Revue Winners due to Region, Anne Waggoner
15—Registration and Credential Forms for Region Annual Meeting due to Treasurer, Lucy Deal
25-26—FCL Training in Lebanon
Dear State President and Essay & Art Contest Chairman:

National FCE members nationwide present an annual contest for all 4th grade students in public, private and home schools. National FCE's Essay & Artwork Contest promotes FCE's literacy programs, CHARACTER COUNTS! and community involvement. The purpose of the 2015 contest is to encourage students to understand and practice FAIRNESS, one of the Six Pillars of Character. The contest encourages students to strive for excellence and creativity in reading, writing and drawing skills.

TIME LINE:

1. COUNTY LEVEL
   ➢ The contest will start at the county level.
   ➢ The contest runs September 1, 2015 through January 31, 2016
   ➢ Each county is responsible for notifying its local schools, library or other network that would have access to publicizing the contest to eligible 4th grade students. Please note the requirement for completing the essay and artwork during class time has been removed from the guidelines to allow for greater access to 4th grade students. It is suggested that the principal of each school be contacted and asked for approval prior to contacting individual teachers.
   ➢ Sign and complete the information for the 4th grade teachers. Make a copy for each teacher you visit or contact.
   ➢ If you choose to inform them of the local and state awards, type an additional paper stating what the awards are.
   ➢ Retired teachers are a good source for judging the entries. Each judge should receive a letter stating the contest guidelines and a judging sheet. This will ensure that judges will use the same criteria on all levels.
   ➢ County level judging begins February 1, 2016. Local groups and counties may provide prizes and recognition to local and county winners. County prizes and awards should not exceed state and national awards.
   ➢ Obtain a permission slip from the county winner. Send this form with the essay/artwork.
   ➢ Each county should forward the original copies of their first place winner to the State FCE Essay & Artwork Chairperson by March 1, 2016
2. STATE LEVEL
   - State FCE Associations will judge the winning entries from the counties/parishes in their state. Retired teachers are a good source for judging the entries. Please use judging guidelines and judging sheet included in this packet. This will ensure that judges from all states will use the same criteria for all levels.
   - State level judging begins March 1, 2016. State FCE Associations provide prizes and recognition to the state winners. State prizes should not exceed national awards.
   - Send the permission slip and the original copy of the first place winner for each state to the National FCE Headquarters postmarked by April 15, 2016. Please mail the winning entry in a 9" x 10.5" manila envelope to avoid folding the artwork and essay.

3. NATIONAL LEVEL
   - The same judging criteria of grammar/punctuation/sentence structure, creativity/content, vocabulary and presentation are used on all levels.
   - The National 1st, 2nd and 3rd place winners of the 2016 Essay and Artwork Contest will be announced at the National FCE Annual 2016 Conference.
   - The National 1st, 2nd and 3rd place winners receive savings bonds of $500, $250 and $100 respectively.
   - The National 1st, 2nd and 3rd place winners’ entries will be recognized on the National FCE Web site, with approval.

CONTEST GUIDELINES:

1. Any 4th grade level student in a public, private or home school is eligible.
2. Entries are to include a short story and a hand-drawn picture. Use a #2 lead pencil for both. Do not color the picture.
   *Story and picture should reflect the characteristic FAIRNESS.
   *For drawings, use unlined, white paper approximately 8.5" x 11".
   *For essays, use lined, white paper approximately 8.5" x 11". The essay should be 50-100 words.
3. Students should write their name, his or her teacher’s name and the name of the school on the back of the picture and the bottom of the essay.

Thank you for your time and effort in helping make this a successful National Family & Community Education Project in Literacy!

Theme & Guidelines can be found at www.tafce.org.
STATE OFFICER NOMINATION FORM

NAME__________________________________COUNTY____________________
ADDRESS__________________________________________________________
__________________________________PHONE NUMBER__________________
FCE CLUB MEMBER_______________________NO. OF YEARS________________
OFFICES HELD IN CLUB_______________________________________________
   COUNTY_____________________________________________
   REGION______________________________________________
   STATE______________________________________________
   NATIONAL__________________________________________
FCE COMMITTEES SERVED ON____________________________________________
__________________________________________________________________
FCE AWARDS & RECOGNITIONS___________________________________________
__________________________________________________________________
COMMUNITY INVOLVEMENT (Example: Church, Civic, School)________________
__________________________________________________________________
__________________________________________________________________
FCE LEADERSHIP EXPERIENCE & EXAMPLES OF POSITIVE PARTICIPATION IN
COMMUNITY AFFAIRS (Example: Fairs, Charity Drives, etc.)_________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
________________________FROM ______________REGION IS NOMINATED FOR
FCE member name
________________________________________FOR ONE TERM.
State Office
NOMINATED BY:___________________________DATE____________________
   Signature
IF ELECTED TO A STATE OFFICE, I WILL CARRY OUT ALL DUTIES TO THE BEST OF
MY ABILITY.
SIGNATURE:________________________________________DATE____________________
(If additional space is needed, attach plain sheet (s) of paper with information.)

RETURN TO THE STATE VICE PRESIDENT FOR PROGRAMS:
DEADLINE—POSTMARKED BY AUGUST 1st.

Revised January 2008
TAFCE CENTRAL REGION ANNUAL MEETING
Thursday, September 10, 2015
Lane Agri-Park Community Center
315 John Rice Blvd., Murfreesboro, Tennessee
615-898-7710

Registration Deadline: August 15, 2015
Cost per Person: $20
NO REFUNDS

County____________________________________________________________________

List of members attending (Please indicate with an * those renting booth space)

1. ______________________________________ - President or authorized delegate
   VOTING DELEGATE (Attach Credential form to this form)

2. ______________________________________
3. ______________________________________
4. ______________________________________
5. ______________________________________
6. ______________________________________
7. ______________________________________
8. ______________________________________
9. ______________________________________

(Continue on back if more than 9 attending)

County Agent name: _________________________________________ Attending? Yes/No

(AGENTS MUST PAY FOR LUNCH AND OBTAIN RECEIPT)

HOW MANY MEMBERS NEED A VEGETARIAN PLATE FOR LUNCH? _________

IF YOUR COUNTY OR SOMEONE FROM YOUR COUNTY INTENDS ON SELLING ITEMS AT THE
ANNUAL MEETING A $10.00 NON-REFUNDABLE MUST ACCOMPANY THEIR REGISTRATION.
PLEASE INDICATE WHO WILL BE RENTING A SPACE.

Total # attending ________________ @ $ 20 per person = $____________________

Number of Booth rentals __________@ $ 10.00 per booth = $____________________

Check payable to TAFCE Central Region $______________________________

Note: County Treasurer, complete form and send it along with the Voting Delegate
Credentials Form and one check for total registration by August 15, 2015 to the Central
Region Treasurer: Lucy Deal, 119 Higdon Circle, Manchester, TN 37355.
TENNESSEE ASSOCIATION FOR FAMILY AND COMMUNITY EDUCATION
CENTRAL REGION TAFCE CREDENTIAL FORM

NAME______________________________________________________________
ADDRESS____________________________________________________________________
____________________________________________________________________________
PHONE NUMBER__________________________COUNTY___________________________
PERSON LISTED ABOVE IS: REGION____________________________
_____________County Council President
_____________Approved Alternate Voting Delegate
_____________Central Region Board Member
THE PERSON LISTED ABOVE IS THE OFFICIAL VOTING DELEGATE FOR:
_________________________________COUNTY FOR THE CENTRAL REGION TAFCE
ANNUAL MEETING ON: SEPTEMBER 10, 2015

Signed______________________________________________________________
(County Council President or other officer)

Date: ___________________________________________________________________

SEND CREDENTIAL FORM TO THE CENTRAL REGION TREASURER BY AUGUST 15, 2015
CENTRAL REGION TREASURER—Lucy Deal
119 Higdon Circle
Manchester, TN 37355
931-728-7624
ldeal@charter.net
CRAFT BOOTH FORM

Lane Agri-Park Community Center
315 John Rice Blvd., Murfreesboro, Tennessee

NAME_____________________________________________________

Description of booth________________________________________

COST:   $10.00 PER BOOTH, fee must be submitted with this form.

You must bring your own table. Vendors must be registered for annual meeting.

Please return with registration to: Central Region Treasurer by August 15, 2015
To: Lucy Deal, 119 Higdon Circle, Manchester, TN 37355

Note: County Treasurer send this form and include money in check for
Registration to Annual meeting.
TAFCE CENTRAL REGION ANNUAL MEETING
INFORMATION SHEET

When:
Thursday, September 10, 2015
Registration and Cultural Arts Check-in will begin at 8:30 a.m.
Voting delegates need to be seated by 9:45 a.m.
Meeting begins at 10:00 a.m.

Where:
Rutherford County Extension
315 John Rice Blvd., Suite 101,
Community Center (behind Extension office)
Murfreesboro, Tennessee
I-24 Exit 78A
615-898-7710

Cost:
$20– includes set-up by 4-H and Buffet style meal
Deadline for reservation is August 15, 2015

Business Meeting:
If you need to be on the Annual Meeting agenda contact:
Central Region fce President
Betty Jo Haskell
bjhaskell@bellsouth.net
931-967-3586

Nominations will be taken for
Secretary and VP for Public Policy for Central Region.
Nomination forms are due by August 15, 2015 to Pat Rottmund.

Sale Items:
If you or your county wish to sell items at the Annual Meeting,
there will be a $10.00 NON-REFUNDABLE rental fee.
You will need to furnish your own table for your booth.
Fee must be paid at the time of your registration.
Send registration to Region Treasurer: Lucy Deal
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. BASKETRY</td>
<td>Any Material</td>
</tr>
<tr>
<td>2. BEADWORK</td>
<td>Jewelry, clothing, any other</td>
</tr>
<tr>
<td>3. CERAMICS</td>
<td>Woven or caned</td>
</tr>
<tr>
<td>4. CHAIRS &amp; STOOLS</td>
<td>Woven or caned</td>
</tr>
<tr>
<td>5. CROCHET</td>
<td></td>
</tr>
<tr>
<td>6. CROSS-STITCH—Counted</td>
<td>Not machine cross stitch (see Cat. #11)</td>
</tr>
<tr>
<td>7. CROSS-STITCH—Other</td>
<td>Not machine cross stitch (see Cat. #11)</td>
</tr>
<tr>
<td>8. DECORATIVE PAINTING</td>
<td>Tole, china painting, textile painting, stenciling, any other</td>
</tr>
<tr>
<td>9. DOLLS</td>
<td>Any kind, No kits</td>
</tr>
<tr>
<td>10. EMBROIDERY—Hand</td>
<td>All types including Brazilian, ribbon, crewel (all hand work)</td>
</tr>
<tr>
<td>11. MACHINE EMBROIDERY</td>
<td>All including machine cross-stitch</td>
</tr>
<tr>
<td>12. FINE ART PAINTING—Oil</td>
<td></td>
</tr>
<tr>
<td>13. FINE ART PAINTING—Watercolor</td>
<td></td>
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<tr>
<td>14. FINE ART PAINTING—Pastels &amp; Acrylics</td>
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<tr>
<td>15. FINE ART PAINTING—Drawings &amp; Charcoal</td>
<td></td>
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<tr>
<td>16. HANDCRAFTED TOY</td>
<td>Any material</td>
</tr>
<tr>
<td>17. HAND STITCHING</td>
<td>Other; hardanger, cutwork, smocking, applique</td>
</tr>
<tr>
<td>18. HOLIDAY DECORATION</td>
<td>Any season</td>
</tr>
<tr>
<td>19. KNITTING—Hand</td>
<td></td>
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<tr>
<td>20. KNITTING—Machine</td>
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<tr>
<td>21. NEEDLEPOINT</td>
<td>Any type Canvas</td>
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<tr>
<td>22. PHOTOGRAPHY—Color</td>
<td></td>
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<tr>
<td>23. PHOTOGRAPHY—Black &amp; White</td>
<td></td>
</tr>
<tr>
<td>24. POTTERY</td>
<td></td>
</tr>
<tr>
<td>25. QUILTS—Baby &amp; Lap</td>
<td>All work of member</td>
</tr>
<tr>
<td>26. QUILTS—Hand-Pieced &amp; Hand quilted</td>
<td>All work of member</td>
</tr>
<tr>
<td>27. QUILTS—Machine Pieced &amp; Hand Quilted</td>
<td>All work of member</td>
</tr>
<tr>
<td>28. QUILTS—Hand Pieced &amp; Machine Quilted</td>
<td>All work of member</td>
</tr>
<tr>
<td>29. QUILTS—Machine Pieced &amp; Machine Quilted</td>
<td>All work of member</td>
</tr>
<tr>
<td>30. QUILTS—Hand or Machine Pieced &amp; Professionally Quilted</td>
<td>All work of member EXCEPT quilting may be done by another fce member or non-member; paid or free</td>
</tr>
<tr>
<td>31. QUILTS—Cathedral Window &amp; Applique’</td>
<td>All work of member</td>
</tr>
<tr>
<td>32. QUILTS/ Specialty—Embroidered</td>
<td>All work of member</td>
</tr>
<tr>
<td>33. QUILTED—Other—Pillows</td>
<td>All work of member</td>
</tr>
<tr>
<td>34. QUILTED—Other—Wall Hanging</td>
<td>All work of member</td>
</tr>
<tr>
<td>35 QUILTED— All OTHER includes clothing, pot holders, placemats and rag-time quilt</td>
<td>All work of member; includes clothing, pot holders, placemats &amp; rag-time quilts</td>
</tr>
<tr>
<td>36. RUG MAKING</td>
<td>Any type</td>
</tr>
<tr>
<td>37. SCULPTURE</td>
<td>Any medium</td>
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<tr>
<td>38. STAINED GLASS</td>
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<tr>
<td>39. TATTING</td>
<td></td>
</tr>
<tr>
<td>40. WEAVING— Hand</td>
<td></td>
</tr>
<tr>
<td>41. WEAVING— Loom</td>
<td></td>
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<tr>
<td>42. WOOD CARVING</td>
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</table>

Effective January 2014
TAFCE
Rules for Cultural Arts

- All first and second place winners from each Region may be exhibited. Two entries per category. **NO substitutions.**

- An individual may enter only **one item** per category.

- Articles **must** be **entirely** the work of the TAFCE member **EXCEPT** for Category #30. The art or craft must have been completed during the past year (since the last conference).

- No doll kits or pre-printed ("cheater") quilts will be accepted.

- All framable items must be framed.

- Each member is responsible for arranging transportation for exhibits to and from the State conference site.

- Each Region must provide its own materials required to exhibit articles. Tape and nails cannot be used on walls. If items are best displayed hung, please provide a means of hanging.

- Entries will be exhibited by category.

- A “Viewer’s Choice” award by popular vote will be presented.

- A list of Region winners should be sent to the State chair as soon as chosen.

- The Tennessee Association for Family and Community Education (TAFCE), its officers or members, or the University of Tennessee Extension staff will **not** be responsible for any lost, misplaced or damaged items. We do not anticipate any misfortunes, but this disclaimer must be clearly understood by all exhibitors.

- All exhibitors must be TAFCE members in good standing.

Effectived: January 2014
### FCE Cultural Arts Exhibit — Information Card

**Important:** This same card must stay with the Exhibit from County to Region to State

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Year:</td>
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<tr>
<td>FCE Member:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>City, State, Zip:</td>
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<td>Phone:</td>
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<td>Region:</td>
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<td>County:</td>
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<td>Address:</td>
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<td>City, State, Zip:</td>
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<td>Phone:</td>
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<td>Region:</td>
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<td>City, State, Zip:</td>
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<td></td>
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<tr>
<td>City, State, Zip:</td>
<td></td>
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<tr>
<td>Phone:</td>
<td></td>
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<tr>
<td>Region:</td>
<td></td>
</tr>
<tr>
<td>County:</td>
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</tbody>
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Please be sure you use the latest Cultural Arts Category List when completing this form.

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<th>Category Number:</th>
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<tbody>
<tr>
<td>Category Name:</td>
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<tr>
<td>Item Description:</td>
<td></td>
</tr>
</tbody>
</table>
### Cultural Arts Winners Entry Form

**___________ County ___________ Region ______ Year**

List your 1st and 2nd place winners. Give name, full address, phone number and email.

<table>
<thead>
<tr>
<th>1st Place</th>
<th>2nd Place</th>
</tr>
</thead>
</table>

#### 1. BASKETRY: any material

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
<th>Brief Description</th>
</tr>
</thead>
</table>

#### 2. BEAD WORK: jewelry, clothing, any other

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
<th>Brief Description</th>
</tr>
</thead>
</table>

#### 3. CERAMICS

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
<th>Brief Description</th>
</tr>
</thead>
</table>

#### 4. CHAIRS & STOOLS: woven or caned

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
<th>Brief Description</th>
</tr>
</thead>
</table>

#### 5. CROCHET

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
<th>Brief Description</th>
</tr>
</thead>
</table>

#### 6. CROSS-STITCH: counted cross-stitch (this does not include machine cross-stitch)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
<th>Brief Description</th>
</tr>
</thead>
</table>

#### 7. CROSS-STITCH: other cross-stitch (this does not include machine cross-stitch)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
<th>Brief Description</th>
</tr>
</thead>
</table>

#### 8. DECORATIVE PAINTING: tole, china painting, textile painting, stencilling, any other

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
<th>Brief Description</th>
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<tr>
<td>9. DOLLS: any type, no kits</td>
<td>Name</td>
<td>Address</td>
<td>Phone</td>
<td>Email</td>
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<td></td>
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</tr>
<tr>
<td>10. EMBROIDERY: Hand; all types including Brazilian, ribbon, crewel (all hand work)</td>
<td>Name</td>
<td>Address</td>
<td>Phone</td>
<td>Email</td>
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<tr>
<td>11. EMBROIDERY: Machine; All, including machine cross-stitch</td>
<td>Name</td>
<td>Address</td>
<td>Phone</td>
<td>Email</td>
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<td></td>
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</tr>
<tr>
<td>12. FINE ART PAINTING: oil</td>
<td>Name</td>
<td>Address</td>
<td>Phone</td>
<td>Email</td>
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<td></td>
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</tr>
<tr>
<td>13. FINE ART PAINTING: watercolor</td>
<td>Name</td>
<td>Address</td>
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<tr>
<td>14. FINE ART PAINTING: pastels, acrylics</td>
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<td>15. FINE ART PAINTING: drawings, charcoal</td>
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<td>16. HANDCRAFTED TOY: any material</td>
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<td>17. HAND STITCHING: Other; hardanger, cutwork, smocking, applique</td>
<td>Name</td>
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<td>18. HOLIDAY DECORATION: any season</td>
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<th>24. POTTERY</th>
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<th>25. QUILTS: BABY &amp; LAP QUILTS</th>
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<tr>
<th>26. QUILTS: hand-pieced &amp; hand-quilted</th>
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<td><strong>27. QUILTS:</strong> machine-pieced &amp; hand-quilted</td>
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<td><strong>28. QUILTS:</strong> hand-pieced &amp; machine-quilted</td>
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<td><strong>29. QUILTS:</strong> machine-pieced &amp; machine-quilted</td>
<td>Name</td>
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<td><strong>30. QUILTS: Hand or Machine Pieced &amp; Professionally Quilted</strong></td>
<td>Name</td>
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<td><strong>31. QUILTS: Cathedral &amp; Applique</strong></td>
<td>Name</td>
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<td><strong>32. QUILTS: SPECIALTY; Embroidered</strong></td>
<td>Name</td>
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<td><strong>33. QUILTS: SPECIALITY; Pillows</strong></td>
<td>Name</td>
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<td><strong>34. QUILTS: OTHER; wall hangings</strong></td>
<td>Name</td>
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<td><strong>35. QUILTS: OTHER; any other to include clothing, pot holders, placemats &amp; rag-time quilt</strong></td>
<td>Name</td>
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<th>36. RUGMAKING: any type</th>
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<th>37. SCULPTURE: any medium</th>
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<th>38. STAINED GLASS</th>
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<th>39. TATTING</th>
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<tr>
<th>40. WEAVING: hand</th>
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<th>41. WEAVING: loom</th>
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<tr>
<th>42. WOOD CARVING</th>
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1st & 2nd Place Winners to Region Chair by: **August 11th**

1st & 2nd Place Winners to State Chair by:

Adopted: January, 2010
TAFCE
FASHION REVUE
PERSONAL DATA SHEET

The information on this form is used to assist with preplanning for the Fashion Revue. It is important to complete all sections and return by the date required. This must be typed.

Name: ______________________ County: _____________________ Region: Central

Address: _______________________________________________ Phone: ______________________

Category: ______________________ fce Club: ______________________

Important: (Check rules sheet for listing of categories. This is required for all entries)

What did you learn making this outfit? _________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

List interesting, humorous or educational experiences you had in creating, wearing or finding this outfit or accessory: _________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Sewn outfit or accessories:

Pattern Number __________________

Cost of fabric, pattern, etc.: $________

Estimated cost if purchased ready-made $________

Estimated Savings: $________

Purchased outfit/accessories (new/used:)

Cost: $________

Estimated “original” cost: $________

Estimated Savings: $________

Write a suggested script for your outfit. Describe the fashion details of your outfit. Refer to the description on the pattern envelope. Be informative, but keep the description lively and fun by using active words: ________________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

At the regional fashion revue, all entries in categories 1-9 should be turned in at registration on a hanger. Do not wear these garments.

DUE: AUGUST 11, 2015 to Anne Waggoner, 22 Stewart Hollow Lane, Elmwood, TN 38560, 615-897-2767
TAFCE FASHION REVUE

First place winners in each category are due (see below) to the Education Chair for competition and judging. All entries must be worn by the FCE member who made or purchased the item(s) unless otherwise stated in the guidelines.

CATEGORIES

Constructed Items
1. Suit, dressy ensemble, or better dress
2. Jacket, blazer or coat
3. Casual and active wear
4. Children’s casual and better wear (ages 12 or under)
5. Teen’s casual and better wear (ages 13 - 18)
6. Sewing for an adult (over 18)
7. Recycled garment (utilizing used materials)
8. Wardrobe accessory (belt; tote bag; handbag; scarf; vest; hat; etc.)
9. Decorative Sweat wear (sweatshirt; sweatshirt jacket, etc.)

Purchased Items
10. My Best Fashion Purchase: Casual Wear

GUIDELINES

Sewing Skills
1. The participant MUST be a TAFCE member in good standing.
2. The garment must have been made within the last year.
3. The garment must be modeled by the person who made it. All work to be entirely that of the participant. Exceptions: Children’s, Teen’s, and Sewing for an Adult categories.
4. The garments in the children’s category (4) must be made by a TAFCE member and modeled by a child not over 12 years old, or carried on a hanger by the TAFCE member.
5. The garments in the teen’s category (5) must be made by a TAFCE member and modeled by a teen 13 - 18 years of age, or carried on a hanger by the TAFCE member.
6. The garments in the sewing for an adult category (6) must be made by a TAFCE member and modeled by the adult (18 or older), or carried on a hanger by the TAFCE member.
7. The judges are encouraged to use these criteria for judging:
   a) Construction
   b) Fit
   c) Suitability of fabrics, using the 4-H score card

Buying Skills
1. The participant MUST be a TAFCE member in good standing.
2. The garment must have been purchased within the last year.
3. The garment must be modeled by the person who purchased it.
4. The judges are encouraged to use these criteria for judging:
   a) Construction
   b) Fit
   c) Suitability of fabric
   d) Quality of fabric, using 4-H score card, where applicable.

Region Due Date: August 11

Revised August 2009 Effective as State Program: 2006
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<td>22</td>
<td>23 Fce Board Meeting</td>
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1 — Character Counts Contest begins Sept. 1 – Jan. 31.
10 — Central Region Annual Meeting
   Rutherford County Extension
   315 John Rice Blvd., Suite 101,
   Community Center (behind Extension office)
   Murfreesboro, Tennessee
24 — Central Region Board Meeting 9:30am
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<td>1 Council Officers, Dues, Credential Form due, State Conf. Reg. Due</td>
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**October Reminders**

1—County Council Officers due to Region Secretary, Mary Alice Weber
1—Central Region & NAFCE Dues due to Region Treasurer, Lucy Deal
1—State Credential Forms due direct to State, Ann Luther
1—State Conference Registration due to Host Region—Western Region
5-10—National fce Week
Tennessee Association for
Family & Community Education

2015 TAFCE CREDENTIAL FORM

NAME______________________________________________________________
(Must be a paid TAFCE member)

ADDRESS____________________________________________________________________
____________________________________________________________________________

PHONE NUMBER__________________________COUNTY___________________________

PERSON LISTED ABOVE IS:
REGION____________________________

___________County Council President

___________Approved Alternate Voting Delegate

___________TAFCE State Board Member

THE PERSON LISTED ABOVE IS THE OFFICIAL VOTING DELEGATE FOR:

_________________________________COUNTY FOR THE 2015 TAFCE BUSINESS MEETING
ON: NOVEMBER 10, 2015

Signed______________________________________________________________
(County Council President or other officer)

Date: ______________________________________________________________________

SEND CREDENTIAL FORM TO THE STATE TREASURER BEFORE OCTOBER 1, 2015
Ann Luther
7575 King Road
Fairview, TN 37062
615-799-5356-Home
Tennessee Association for Family & Community Education

DUES & MEMBERSHIP REPORT

Date: ___________________________________________

County:__________________________________________

THIS FORM IS TO BE SENT TO THE REGION TREASURER ALONG WITH A CHECK FOR DUES AND MEMBERSHIP LISTS NO LATER THAN:

   OCTOBER 1, 2015

Number of Clubs in the County___________________________________________

Number of Club Members in the County___________________________________

Number of TAFCE Members in the County ________________________________

   Amount of dues paid @ $4.00 per member:  $_____________________

Number of National Members in the County _______________________________

(Attach a 2015 NAFCE membership form for each member joining National Association of Family and Community Education)

   Amount of NAFCE dues paid @$19.50:        $_____________________
    (Under 80 years of age)

   Amount of NAFCE dues paid @ $16.30  $_____________________
    (Over 80 years of age)

   Amount of NAFCE dues paid @ $27.00  $_____________________
    (Family membership)

Total Amount dues paid (A+B+C+D)                         $_______________________

Send to Region Treasurer:  Lucy Deal
   119 Higdon Circle
   Manchester, TN 37355
   931-728-7624
   ldeal@charter.net

THIS FORM SHOULD ACCOMPANY YOUR LIST OF MEMBERS (2 COPIES)
LISTED ALPHABETICALLY BY ZIP CODE AND ONE CHECK FOR TOTAL DUES, PAYABLE TO TAFCE CENTRAL REGION.
2015 Membership Form

***Type or Print Clearly in ink***

***Do Not Abbreviate City, County, or State Street Names***

Date_________________ Current Member ID#_________________ Email_________________

First Name_________________ M.I._________ Last Name_________________

Mailing Address_________________

City_________________ State_________ Zip Code +4

Phone No._________________ County of Residence_________________

Club Name_________________ Club County_________________

Family Membership: (Please list) Spouse Name_________________

Dependent Child(ren)_________________

<table>
<thead>
<tr>
<th>Dues</th>
<th>Regular</th>
<th>Family</th>
<th>Senior (80+ years)</th>
<th>Youth 18 and under</th>
<th>Member At Large</th>
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<tr>
<td>National</td>
<td>$19.50</td>
<td>$27.00</td>
<td>$16.30</td>
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<td>$55.00</td>
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Sign and send with total membership dues to Club Treasurer by _______________________

New Member (Never belonged to FCE before) □

Member Signature_________________ Must be original signature, copies will not be accepted

Mission...To strengthen individuals, families, and communities through continuing education, developing leadership, and community action.
COUNTY COUNCIL INFORMATION SHEET

(Due: October 1)

The County Council Secretaries are to complete this form with the names, addresses, phone numbers, and e-mail addresses (if available) for your 2016 County Council Officers. Please mail or email to:

Mary Alice Weber
7518 King Road
Fairview, TN 37062
(615) 799-2875
weber70@comcast.net

County:________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Address: Street, City State, &amp; Zip code</th>
<th>Contact Phone number &amp; area code</th>
<th>E-mail Address (if available)</th>
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</thead>
<tbody>
<tr>
<td>President</td>
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<td>President—Elect</td>
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<td>VP of Programs</td>
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<td>VP for Public Policy</td>
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<td>Secretary</td>
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<td>Treasurer</td>
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<td>Educational Chairperson (s)</td>
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*If a new information sheet is not turned in by Oct. 1, the previous list of officer names will be reported.*
### November 2015

<table>
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<tr>
<th>Sun</th>
<th>Mon</th>
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**November Reminders**

8-11—TAFCE 34th Annual Conference in Clarksville, TN at Riverview Inn

27—Happy Thanksgiving!
### December 2015

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#### December Reminders

- Have a Merry Christmas!