



Scholarship Application For Madison FFA Chapter

Guidelines

1. Students must have been a Vo-Ag Student and FFA member in good standing for a minimum of 2 years.
2. Preference to students continuing their education with the field of Agriculture, but all are encouraged in apply.
3. The selection will be made by members in the community or surrounding area.

**Scholarship Application
for
Madison FFA Chapter**

Please print or type the application. In addition to this application, please attach a typed essay (200 word minimum) on the following topic: "How FFA has impacted my life now and will in the future". Application must be returned to the current Madison C-3 Agriculture teacher by **April 15th**.

Name _____

Address _____

Telephone _____ High School _____

Date of Birth _____ Place _____ Sex ____

Number of Brothers & Sisters – Older _____ Younger ____

1. List major school activities in which you have participated in and offices held. (indicate years involved – 9th, 10th, 11th, 12th)

2. List any honors, awards or special distinctions you have received.

3. List church or community activities in which you have participated in and positions of leadership held; also list work experience (if any).

4. Name and location of trade school, college, or university you plan to attend.

5. Explain you vocational plans after completing your training program.

List the names, addresses and phone numbers for two adults (other than relatives) from whom you have obtained permission to use as references for this scholarship. Also list the capacity in which this person knows you – teacher, FFA Advisor, Counselor, 4-H Leader, etc.

Name _____ Phone _____

Address _____

How known _____

Name _____ Phone _____

Address _____

How known _____

I certify that to the best of my knowledge, the information contained in this application is correct and complete. I agree to forfeit this scholarship if for any reason I am unable to attend an institution of higher learning.

****Note: Failure to produce proof of enrollment is subject to forfeiture of this scholarship.****

_____ Date

_____ Applicant's Signature

This section is to be completed by the applicant's parents

Parent's Name _____

Address _____

Occupation: Father _____ Mother _____

Date

Parent's Signature

This section is to be completed by the school counselor

Student Name _____

Class Rank _____ Number in Graduating Class _____

GPA _____ On _____ Scale.

ACT (Composite Score) _____ Percentile _____

Date

Counselor's Signature