

PLEASE RETURN TO:
STATE FFA ADVISOR
WEST VIRGINIA DEPARTMENT OF EDUCATION
1900 KANAWHA BOULEVARD, EAST
BUILDING 6, ROOM B-243
CHARLESTON, WEST VIRGINIA 25305

**THIS APPLICATION MUST BE
RECEIVED BY: FEBRUARY 15**

FFA FOUNDATION SCHOLARSHIP APPLICATION

NAME: _____ Date: _____
 Last First Middle

ADDRESS: _____
 R.R. P.O. Box Town State Zip

PARENT=S OR GUARDIAN=S NAME: _____

NAME OF CHAPTER: _____ NAME OF SCHOOL: _____

AGE: _____ DATE OF BIRTH: _____

YEARS OF AG-ED COMPLETED: _____ YEARS IN FFA: _____

Are You Now an Active FFA Member? _____

Date of Graduation or Expected Date of Graduation from High School: _____

STATEMENT OF CANDIDATE AND PARENT

We have prepared this application and certify that the records are true, complete and accurate and we hereby permit for publicity purposes the use of any information included in this application:

Candidate

Parent or Guardian

Date

E. LIST CURRENT YEAR'S **SUPERVISED AGRICULTURAL EXPERIENCE PROGRAM.** (100 points)

Enterprise or Placement	Scope or Hours	% Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. **ATTACH A LETTER** (ONE PAGE MAXIMUM) EXPLAINING YOUR NEED AND/OR WHY YOU ARE INTERESTED IN THE SCHOLARSHIP. (50 points)

G. SCHOLARSHIP (100 POINTS) - HAVE YOUR PRINCIPAL, GUIDANCE COUNSELOR OR COLLEGE ADVISOR TO COMPLETE THE ATTACHED **CONFIDENTIAL EVALUATION.**

COMPLETE SECTION H ONLY IF YOU WISH TO BE CONSIDERED FOR THE BOB EVANS SCHOLARSHIP.

H. **ATTACH AN ESSAY** (250 WORDS MAXIMUM) DESCRIBING HOW YOUR POST-SECONDARY EDUCATION AND/OR CAREER OBJECTIVES WILL INVOLVE ANIMAL NUTRITION, SPECIFICALLY EXTENDED GRAZING OF LIVESTOCK.

NOTE: The West Virginia FFA Foundation does not discriminate on the basis of sex, race, color, religion, disability, age or national origin in the administration of any of its activities.

CONFIDENTIAL EVALUATION BY SCHOOL

I hereby (do) nominate _____ as a candidate for a scholarship.

There will probably be about ____ candidate(s) for awards from this school, among whom I would rank this application number _____. The applicant has a _____ average and his/her rank in the graduating class is, or will be, number _____ in a class of _____.

Signed: _____ Date: _____
Principal, Guidance Counselor
or College Advisor

Name of High School or College

ADVISOR'S STATEMENT

Please give us your candid evaluation of this applicant=s potential in relation to his/her occupational objective: _____

Signed: _____ Date: _____
FFA Advisor