

CALIFORNIA ASSOCIATION FFA  
**SCHOLARSHIP ACCEPTANCE AGREEMENT**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Year Received State FFA Degree: \_\_\_\_\_

Name of Scholarship Awarded: \_\_\_\_\_

Read, sign, and email form along with proof of enrollment to:

Email to Maria Freitas -  
[mfreitas@californiaffa.org](mailto:mfreitas@californiaffa.org)

I agree to use my California FFA Scholarship funds solely for educational expenses pursuing an agriculturally specific degree. I understand that educational expenses include tuition, fees, books, and supplies. Room, board, transportation, clothing, and entertainment are not considered educational expenses.

I understand that prior to receiving these scholarship funds I must clearly meet all requirements as outlined in the scholarship program brochure which includes:

1. Be an FFA member in good standing.
2. Hold the State FFA Degree.
3. Be enrolled in a community college or university offering undergraduate degrees in agriculture with an official declared major in agriculture.
4. Scholarship must be claimed within three years of the date the scholarship was awarded. If the scholarship needs to be deferred, a letter needs to be sent to the Adult FFA Board for consideration.

With this signed acceptance agreement, **I am returning a copy of my class schedule, or a similar document verifying that I am accepted and enrolled for post high school study** (be sure your name as well as your college name and address is included on this document).

\_\_\_\_\_  
Signature of Scholarship Recipient

\_\_\_\_\_  
Date