

Submit with online application



CALIFORNIA ASSOCIATION FFA
ACADEMIC VERIFICATION
SIGNATURE PAGE

APPLICATION MUST BE TYPED

MUST BE COMPLETED FOR ALL RELEVANT APPLICATIONS

Name: _____

FFA Student ID Number: _____ Email: _____

FFA Chapter: _____

Home Address: _____

City: _____ Zip: _____

Year received State Degree: _____ High School graduation date: _____

College/University planning to attend or currently attending.: _____

Cumulative high school G.P.A.: _____

Cumulative G.P.A. for high school agriculture courses: _____

Cumulative college G.P.A. (If in college): _____

Current or planned college major: _____

I certify the G.P.A. recorded above is accurate according to official school records.

Signature of School Administrator

Typed Name and Title of Administrator

We certify that the information in this scholarship application is true to the best of my knowledge. We further certify that we have read the five minimum eligibility requirements of all State FFA Scholarships and understand that scholarship funds will not be disbursed until the recipient can demonstrate meeting all requirements.

Parent or Guardian: _____

FFA Advisor: _____

High School Principal/College Dean: _____

Applicant: _____