

# 2024 COLLEGE LEVEL SCHOLARSHIP APPLICATION



### Friends of Silverton / Mt. Angel FFA

Applicants Full Name:		Date of Birth:	
Current Address:			
Home Phone:		Cell Phone:	
Email Address:			
Is your permanent address:	Rural Farm	Rural Non-Farm	Urban
ALTERNATE CONTACT INFORMATION			
This is for my:	Parent	Other; please specifiy:	
Full Name:			
Address:			
Home Phone:		Cell Phone:	
Email Address:			
FFA INFORMATION			
Years you were enrolled in Agriculture Education courses:			
FFA Chapter:		FFA Chapter Advisor:	
Did you apply for a Friends of Silverton / Mt. Angel FFA Alumni Scholarship in High School?			

Name of college / trade school currently attending:
College / trade school address:
What year will you complete your degree?
Degree currently pursuing (Associates, B.S., B.A., M.S., M.A., etc.):
Major Field:
College enrollment date:

**ACADEMIC INFORMATION** 

#### Supervised Agricultural Experience (SAE) Program:

Describe your high school SAE Project. Did your SAE program influence your current college degree choice? Explain.

#### **ESSAY QUESTIONS**

1. List all your current extra-curricular activities in which you are participating (community, colleigate, etc.).
2. What do you feel is the most valuable skill or knowledge that you have aquired thus far within your higher education pursuits?
3. Explain your long-range goals for education, employment, life, and describe what specific skills and personal values you want to foster in yourself to achieve those ends.
4. How will you continue to express the importance of agriculture to others in the general public?

#### EXPECTED FINANCIAL ANALYSIS FOR 1 YEAR OF SCHOOL:

Annual Expenses	Annual Income
Tuition	Scholarship (s)
Books	Trust / College Funds
Housing	Parents
Living Expenses	Gifts
Transportation	Savings
	SAE Income
	Employment Income
	Other
Total:	Total:
REQUIR	ED ATTACHMENTS:
<b>2.</b> List <b>Two References</b> co	omplete with addresses and phone numbers.
STATEM	ENT OF APPLICANT
BEST OF MY KNOWLEDGE. IF REQUEST THIS APPLICATION. I UNDERSTAND INFORMATION ON THIS APPLICATION AN MY SOCIAL SECURITY NUMBERS AS VOIOF IDENTIFICATION (WHICH MAY INCL.)	N ON THIS APPLICATION IS TRUE AND COMPLETE TO THE ED, I AGREE TO GIVE PROOF OF THE INFORMATION ON THAT THE SELECTION COMMITTEES MAY REVIEW D MY TRANSCRIPTS. I ACKNOWLEDGE THAT I DISCLOSE LUNTARY BUT NECESSARY ACTION FOR THE PURPOSES UDE SHARING SUCH INFORMATION WITH DONORS). IF SHIP, I GIVE PERMISSION FOR A PUBLICITY RELEASE.
Applicant Signature:	Date:

## Please return completed application by mail or email *no later than the second Monday in April* to be eligible for this scholarship.

No late or incomplete applications will be considered.

#### Mail To:

Kelsey Potter, Director of Scholarships Friends of Silverton FFA Alumni 560 N Sheridan St. Mt. Angel, OR 97362

Email: kelsey@agricare.com