



2025 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 specify:

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?

ACADEMIC INFORMATION

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:

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, colleague, 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	
Tuition	
Books	
Housing	
Living Expenses	
Transportation	
Total:	

Annual Income	
Scholarship (s)	
Trust / College Funds	
Parents	
Gifts	
Savings	
SAE Income	
Employment Income	
Other	
Total:	

REQUIRED ATTACHMENTS:

1. **College Transcript** Transcripts must list: All courses taken (and future enrollments, if applicable), grades, grade points, and credit hours.

2. List **Two References** complete with addresses and phone numbers.

STATEMENT OF APPLICANT

I CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF REQUESTED, I AGREE TO GIVE PROOF OF THE INFORMATION ON THIS APPLICATION. I UNDERSTAND THAT THE SELECTION COMMITTEES MAY REVIEW INFORMATION ON THIS APPLICATION AND MY TRANSCRIPTS. I ACKNOWLEDGE THAT I DISCLOSE MY SOCIAL SECURITY NUMBERS AS VOLUNTARY BUT NECESSARY ACTION FOR THE PURPOSES OF IDENTIFICATION (WHICH MAY INCLUDE SHARING SUCH INFORMATION WITH DONORS). IF SELECTED TO RECEIVE A SCHOLARSHIP, 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 OR Email Completed Application To:

Kelsey Potter, Director of Scholarships Friends of Silverton FFA Alumni

560 N Sheridan St.

Mt. Angel, OR 97362

[Email: kelsey@agricare.com](mailto:kelsey@agricare.com)