STATE FFA Degree Application – 2019

Name: ______________________________________

Address: ______________________________________

Email Address: _______________________________

Cell Phone Number: __________________________

Chapter: _____________________________________

Date became active FFA member: ______________

Age: _________________________________________

Year in School: ________________________________

Area of S.A.E.: ________________________________ (see National Proficiency categories)

Placement-P or Entrepreneurship-E?: ________________________________

Specific S.A.E. Activity: __________________________

Amount Supervised Agriculture Exp. Earnings / Investment: $ _________________

Hours Outside Class Devoted to Supervised Agriculture Exp.: _______________________

Comm. Service Hours / # Activities: _________ / ___________
Why do you wish to receive a State FFA Degree?
(Please continue on additional page if needed)

Please verify that you have fulfilled the State FFA Degree requirements listed on the following page of this form, sign to confirm completion of requirements, obtain signature of principal or director, and return to your FFA Chapter President. THIS FORM MUST BE RETURNED TO YOUR FFA CHAPTER ADVISOR BEFORE MARCH 28, 2019! IF STATE STAR APPLICANT, RETURN TO CHAPER ADVISOR BEFORE MARCH 7, 2019!

FOR REVIEW MEMBERS ONLY:

Principal/Director:
I have reviewed the applicant’s scholastic record and certify it to be satisfactory:

______________________________________________  ___________
Signature                                   Date

Chapter President, Advisor, and State FFA Advisor:
We have examined this application and recommend the above candidate for the State FFA Degree.

______________________________________________  ___________
Chapter President                                Date

______________________________________________  ___________
Chapter Advisor                                   Date

______________________________________________  ___________
State FFA Advisor                                Date
Applicant Verification of Completion of State FFA Degree Requirements

Please check off the requirements which you have completed toward fulfillment of the State FFA Degree and sign:

_____ Have paid current FFA dues (or school has purchased leadership packets including my membership)

_____ Have received Chapter FFA Degree

_____ Have been active FFA member for at least two years or have completed an entire technical agriculture / natural resources program of at least 360 hours by the end of the same year.

_____ Have completed equivalent of at least two years’ (360 hours) instruction in agricultural education courses at or above ninth grade level, including a Supervised Agricultural Experience

_____ Have earned and productively invested at least $1,000 by own efforts from Supervised Agricultural Experience or have worked (other than class scheduled time) at least 300 hours in a directed laboratory experience program or a combination thereof (total of # hours x 3.33 + number of dollars = at least 1,000)

_____ Have demonstrated leadership ability by: performing ten procedures of parliamentary law, by giving a six minute speech, AND by serving as an officer, committee chairperson, or participating member of a chapter committee

_____ Have participated in the planning and completion of the chapter program of activities

_____ Have completed at least 25 Community Service Hours in at least 2 different activities

_____ Have participated in at least five (5) FFA activities above the local chapter level--- please list, including year and location – Be specific on what you did (for example, if at a convention, list CDEs, etc.) Please do not devote more than one line to a single event (such as same year’s convention or fair):

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I, the applicant for the State FFA Degree certify that the information listed above on all pages of this application is correct:

Applicant signature _____________________________ Date ___________________________