

# CVATA Scholarship Application

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

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

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

FFA Chapter: \_\_\_\_\_

Advisor: \_\_\_\_\_

Current Class Rank: \_\_\_\_\_

Current High School GPA: \_\_\_\_\_

***Counselor or Administrator Signature Required***

\_\_\_\_\_

Years of Agriculture Education Completed: \_\_\_\_\_

Years parent has been a CVATA member: \_\_\_\_\_

College(s) you plan to attend: \_\_\_\_\_  
\_\_\_\_\_

Program of Study (Major):

\_\_\_\_\_  
\_\_\_\_\_

**Please describe the scope of your Supervised Agriculture Experience Program.**

**List activities participated in as an FFA Member.**

**Activity**

**Year**

**School Activities**

**Activity**

**Year**

## **Community Activities**

**Activity**

**Year**

**Describe your career goal. Discuss ways and means of achieving this goal.**

**In one to two paragraphs please explain how Agriculture Education and FFA have impacted your life.**

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Applicant Signature

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Parent Signature