

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.

Applicant Signature

Parent Signature