

**Submit by February 1**



**CALIFORNIA ASSOCIATION FFA  
ACADEMIC SCHOLARSHIP  
SIGNATURE PAGE  
APPLICATION MUST BE TYPED**

**MUST BE COMPLETED FOR ALL STATE FFA SCHOLARSHIP**

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

FFA Student ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

Date received State Degree: \_\_\_\_\_ High School graduation date: \_\_\_\_\_

College/University planning to attend or currently attending.: \_\_\_\_\_

Cumulative high school G.P.A.: (Based on a 4.0 scale) \_\_\_\_\_

Cumulative college G.P.A.: (If in college) \_\_\_\_\_

Current or planned college major: \_\_\_\_\_

Degree anticipated upon college graduation: \_\_\_\_\_

I certify the G.P.A. recorded above is accurate according to official school records.

\_\_\_\_\_  
Signature of School Administrator

\_\_\_\_\_  
Typed Name and Title of Administrator

We certify that the information in this scholarship application is true to the best of my knowledge. We further certify that we have read the five minimum eligibility requirements of all State FFA Scholarships and understand that scholarship funds will not be disbursed until the recipient can demonstrate meeting all requirements.

Parent or Guardian: \_\_\_\_\_

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

High School Principal/College Dean: \_\_\_\_\_

Applicant: \_\_\_\_\_