Application for the

Sam Taylor Memorial Scholarship

PERSONAL INFORMATION:

Name: Enter Name

Address: Mailing address.

City: City State: State Zip Code Zip Code

Date of Birth: Date of birth. E-mail address: E-mail address

Name of High School: High School

Number of Years you have been an FFA Member: Years you have been an FFA member.

My Supervised Agricultural Experience Program (SAEP) Included the Following: (please list)

List all your SAEP’s

I am a (please check one):[ ]  High School Senior [ ]  College Freshman [ ]  Sophomore [ ]  Junior

Your high school grade point: HS GPA on a GPA scale scale and class rank: Class Rank. Of Total number in HS class.

Your college grade point: College GPA on a GPA scale scale. (if applicable)

Name of College/University you plan to attend or are currently attending: College/University Name you plan or are attending.

Major: College Major Minor: College Minor if applicable.

FAMILY INFORMATION:

Father’s name: Father’s name Mother’s name: Mother’s name.

Address: Address.

City: City

State: State. Zip Code: Zip Code

Father’s Occupation: Father’s Occupation

Mother’s Occupation: Mother’s Occupation

List FFA and school activities you have been involved in during high school.

List FFA and school activities

List community and /or church activities you have been involved in:

List community/church activities.

List FFA and other leadership positions you have held in your school, community, and church.

FFA and other leadership positions

List awards you have received (FFA, academic, extracurricular, community, church, etc.)

All awards you have received.

SUPPORT MATERIALS TO BE SUBMITTED WITH YOUR APPLICATION:

1. A copy of your high school transcript and a copy of your college transcripts if presently attending a two or four year college or university.
2. Two letters of recommendations from people other than members of your family. One letter must be from your FFA Chapter Advisor or a College Agricultural Advisor/Instructor.
3. A personal statement that addresses the question “Why I want to be selected as the recipient of the Sam Taylor Memorial Scholarship”. This should include your future plans and goals. This should not exceed one page and must be attached to this application.

CERTIFICATION:

We certify that all information contained in this application is accurate and correct to the best of our knowledge.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

School Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

School Official’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The completed application along with all the support materials should be submitted by March 1 to:

Illinois Foundation FFA

3221 Northfield Drive

Springfield, IL 62702