Vermont FFA Outstanding

Member of the Year

Application



Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_

Years of Agriculture/Agribusiness/Horticulture/Natural Resources Education you have completed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years in FFA:\_\_\_\_\_\_\_\_\_\_\_\_\_

Greenhand Received Year:\_\_\_\_\_\_\_\_\_\_\_ Chapter Degree Received year:\_\_\_\_\_\_\_\_\_\_\_\_\_

Green Mountain Degree Received Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Career Objective:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Supervised Agricultural Experience Program:**

|  |  |  |
| --- | --- | --- |
| **Kind/Type** | **Size/Scope** | **Responsibilities (Describe)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **FFA Offices Held**:

|  |  |
| --- | --- |
| **Office** | **Year** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Committees Served On:**

|  |  |  |
| --- | --- | --- |
| **Name of Committee** | **Responsibility** | **Accomplishments** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Events Participated in: (Limit 8 of your MOST important)**

|  |  |  |
| --- | --- | --- |
| **Participation in banquets, public speaking, conventions, tours, etc.** | **Scope – Local (L), Regional ® , State (S), National (N)** | **Member, Chairman, Delegate, etc.** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |

1. **Participation in School and Community Activities (Clubs, Sports, etc..):**

|  |
| --- |
| **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |

1. **Individual’s personal experience and opinion of FFA (50 words or less).**

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|  |

1. **Advisor’s Remarks (50 words or less).**

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**Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Signature of Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**

**Certification:**

1. **I recommend this candidate for this recognition.**
2. **I believe that all the information contained in this application is correct.**

**Chapter Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chapter President:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chapter Reporter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**