

2024 MD FFA FOUNDATION SCHOLARSHIP APPLI

Wiley G. & Carrie A. Griffith Scholarship

Application Deadline: April 1, 2024

UMCP College of Ag Past State Officer Matching Scholarship*

(* Only page 1 is required for PSO enrolling at UMCP)

I. APPLICANT INFORMATION

<input type="text"/> (First Name)	<input type="text"/> (Middle Name)	<input type="text"/> (Last Name)	<input type="text"/> (Phone Number)	<input type="text"/> (Social Security Number)
<input type="text"/> (Home - Street Address and/or PO Box)		<input type="text"/> (Home - City)	<input type="text"/> (Home - State)	<input type="text"/> (Home - Zip Code)
<input type="text"/> (County of Residence)	<input type="text"/> (US Citizen)	<input type="text"/> (Gender)	<input type="text"/> (E-mail address)	
<input type="text"/> (FFA Member?)	<input type="text"/> (FFA Chapter Name)	<input type="text"/> (High School Name)		
<input type="text"/> (High School - Street Address &/or PO Box)	<input type="text"/> (High School City)	<input type="text"/> (H.S. State)	<input type="text"/> (H.S. Zip Code)	<input type="text"/> (H.S. Phone Number)

II. STUDENT CERTIFICATION & GOALS (Please respond to all questions.)

- In the fall **2024** I will be a: Full-time Student. Part-time Student.
- I plan to be enrolled in a: Two year Program Four year Program A Continuing Education Program
- I plan to attend school at:
(please include the official name of a post-secondary institution) Admission Confirmed? Y/N
(Attach copy of Acceptance Letter)
- School Scholarship Office address:
Phone:
- My major field of study will be:
- My career goal is to:
- At the time of application I am a: H.S. Senior year college undergrad Other as noted below
(1st, 2nd, 3rd, etc)
- Are you a Maryland resident?

III ACADEMIC INFORMATION - High School or College

(If you have attended college, forward a copy of your most recent transcript. Class rank is not required.)

The applicant's: Class **RANK** is in a senior class of students.

Cumulative **GPA** is on a 4.0 scale. **SAT Score:** or **ACT Score:**

IV REQUIRED SIGNATURES

- I hereby certify that the information submitted on this application is true and correct to the best of my knowledge.

Applicants Signature: _____ Date: _____

- I hereby certify that the **academic information** submitted on this application by the applicant is true and correct to the best of my knowledge.

School Principal/Counselor Signature: _____ Date: _____

(NOTE: An official school transcript of the applicant's academic record may be used in place of signature.)

Transcript Attached

Send completed application to:

Terrie Shank, Md FFA Exec. Director, P.O. Box 564, Funkstown, Maryland 21734

Scholarship awards will be sent to the educational institution for deposit into the recipient's account.

Each scholarship is awarded for one academic year and is not renewable. Previous recipients not eligible.

V. FINANCIAL ANALYSIS DATA

Please use income information from the most recent tax forms filed with the IRS.

1. Estimated educational expenses \$ _____ per year.

2. I am a dependent I am independent
 (If dependent, go to question 3, If independent go to question 5.)

3. Number of family members including myself.

4. Number of family members attending college including myself.

	<u>Applicant/Student</u>	<u>Parent/Guardian</u>
5. Personal income from non-farm employment as stated on most-recent tax forms	\$ _____	\$ _____
6. Net farm income or (loss)	\$ _____	\$ _____
7. Other sources of income to assist in college expenses Anticipated Source(s):	\$ _____	\$ _____
8. Family contribution to estimated college expenses	\$ _____	\$ _____

9. Please explain any unusual circumstances (emergency or medical expenses, debts on farm or business, etc.)

VI LEADERSHIP & COMMUNITY SERVICE

1. Are you currently or have you been a member of the FFA? Yes No **If no go to item 2.**

a. Have you ever served as a national, state or chapter FFA officer?

b. List **major** FFA activities (offices held, committee assignments, awards, competitions, etc.) and the level of participation.

	One entry per line Do not duplicate any activities. Activity	Level of Participation (type in year)			
		Local/Chapter	Regional	State	National
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

2. List major **non-FFA** school and community activities and/or accomplishments achieved that were helpful in making you a more involved and contributing individual to your school and/or community. These may include class & club offices, extracurricular activities, **4-H Club**, church, organizational & professional activities.

One entry per line Do not duplicate any activities or items listed in section 1 above.

	Activity	Year
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

VII. STUDENT STATEMENT

In the space below, explain why the scholarship committee should select you for a scholarship.

VIII. FAMILY INFORMATION

Father/Stepfather/Guardian _____
 (First Name) (Last Name)

Mother/Stepmother/Guardian _____
 (First Name) (Last Name)

IX. NEWSPAPER INFORMATION (Optional)

Local Newspaper Name: _____

Street or PO Address: _____

City: _____ State: _____ Zip Code: _____

To avoid disqualification, make sure that you have completed the following:

- Application is typed or neatly printed.
- You have acquired all required signatures.
- Required attachments are included or will be sent before deadline.
- All required information is accurate.
- Application is postmarked by the deadline date.