



Denton FFA Alumni Scholarships



Denton FFA Alumni Scholarship Application

Scholarship Eligibility and Requirements

1. Students applying for the scholarship must be seniors enrolled and attending High School, graduating in the spring of the year making application.
2. Applicant must be enrolled in Denton, Ryan or Guyer High School and actively participated in Denton, Ryan or Guyer FFA chapters.
3. The basis of consideration will be participation in school, community and FFA activities, financial need, and ability to accept responsibility.
4. All applicants must be accepted in a Texas accredited institution of higher learning, community college, or technical or trade school. In the event an individual is selected and then fails to be accepted by a school; the scholarship will be awarded to the committee's alternate selection.
5. The Scholarship will be for \$500.00 paid directly to the student at \$250.00 per semester. Should the scholarship recipient drop out or fail out at any time, the remainder of the scholarship will be terminated.
6. A copy of invoice or an acceptance letter by the education agency must be given to the Scholarship Committee showing the applicant is enrolled on a FULL TIME BASIS equivalent to at least 12 hours before payment can be received. To receive second semester assistance a copy of grades and enrollment papers must be presented to the scholarship committee before any payment can be awarded.
7. To be considered for the scholarship, the student must complete in its entirety and type the application, except for signatures. Have two (2) letters or recommendation, one from a school representative, from the school they are attending and a second from a person of their choice.
8. Selection of the scholarship winner will be based on the application information, and is not subject to discrimination based on sex, race, creed, color, handicap, or religion. In the event there are no qualified applicants, no scholarship will be awarded.
9. The recipient must be enrolled and attending college or trade school in the fall semester following selection. If this is not possible, a letter must be submitted requesting postponement and is subject to approval on basis of need.

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Applicants Name: _____ , _____ , _____
(Last) (First) (Middle)

Social Security #: _____ Phone # _____ Date of Birth: _____

Address:

City: _____ Zip Code: _____

Name of Parent / Guardian:

Address: _____ Phone # _____

Occupation – Father, _____ Mother, _____

Supporting Income – Father, _____ Mother, _____

Extenuating Family Circumstances:

Names and Ages of children or dependents in family:

Number of children or dependents in college next year (including applicant):

Number of children still living at home: # _____

Are you applying for any other scholarship? Please Check, _____ Yes _____ No

Please List: Name, Source, Amount and Status (pending, received, not selected, etc)

Graduating Senior: _____ Yes _____ No Rank in Class: _____ of _____ GPA:

SAT Score: _____ and/or ACT Score: _____

High School Principal's Signature: _____

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College / University / Technical / Trade School you plan to attend: _____

Have you applied for admission? __Yes __No Have you been accepted? __Yes __ No

What do you expect your expenses to be per semester? (Tuition, books, fees, etc.)

\$ _____

Do you plan to contribute financially to assist yourself in college? __Yes, __No

Intended course in study: Major: _____ , Minor: _____

Goals desired:

Give a brief description of your involvement in the FFA.

Employment record / type of work you have preformed:

List other civic and school organizations you have been involved in: Offices / Honors awarded.

Any other information you would like to share with the committee:

Years involved in the FFA. # _____

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I HEREBY AGREE TO THE FOLLOWING LISTED TERMS. IF I DO NOT FULFILL THIS AGREEMENT, I WILL JEOPARDIZE THIS SCHOLARSHIP.

Name of College, University, or Trade/Technical School Attending:

Address	City	Zip Code
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I will maintain a minimum 2.5 grade point average while completing a minimum of twelve (12) hours each semester. In the event I fail to meet these requirements, I understand I will loose my scholarship.

We have examined this application and find the information submitted true and accurate.

Signed: _____
(Scholarship Applicant)

Witness: _____
(Parent or Guardian)

Advisors, Counselor,
Principal, FFA, Signature _____
(Name and Title)
