



SOUTHERN REGION FFA

JAIMIE LYNNE PETTEY MEMORIAL SCHOLARSHIP

APPLICATION MUST BE TYPED

Name: _____

FFA Student ID Number: _____ Email: _____

FFA Chapter: _____

Home Address: _____

City: _____ Zip: _____

Date received State Degree: _____ High School graduation date: _____

University/Community College/Technical School planning to attend: _____

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

Planned major: _____

Degree anticipated upon 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

To be eligible for a SOUTHERN REGION FFA Scholarship the applicant must:

1. Hold the State FFA Degree.
2. Must be a graduating senior
3. Attend a university, college, or trade school (continuing your formal education)
4. Be an active member of a Southern Region FFA Chapter

- A. Please list not more than five school and/or community activities you have participated in. (Minimum 10 pt. Arial Font)

Activity	Office or Responsibility
Example - Football	Varsity Offensive Captain

- B. Please list not more than ten FFA activities in which you have participated. (Minimum 10 pt. Arial Font)

Activity	Office, Responsibility, Placing
Example-SLE	Participant

- C. In the space provide, please describe your Supervised Agricultural Experience Program (Minimum 10 pt. Arial Font)

D. In the space provided, please explain your future college and career goals.
(Minimum 10 pt. Arial Font)

E. In the space provided, please explain why you should be selected to receive a scholarship.
(Minimum 10 pt. Arial Font)

F. Attach to this application a one page letter of recommendation in minimum 10 pt. Arial Font
(Employer, Principal, Advisor, Etc)

We certify that the information in this scholarship application is true to the best of our knowledge. We further certify that we have read the minimum eligibility requirements of SOUTHERN REGION FFA Scholarship 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: _____

Return completed application and recommendation by FEBRUARY 15 (postmarked)
to the Southern Region FFA Advisor at
3801 W. Temple Ave., Bldg 2-203, Pomona, CA 91768