Applicants Signature	Date
Parent/Guardian's Signature	Date
Parent/Guardian's Name (printed)	Day Time Phone Number

St. Clair County FFA Alumni Association Scholarship Guidelines

- 1. Applicants must be an ACTIVE FFA member.
- 2. Must be recommended by an active FFA Alumni Member.
- 3. Must be a student attending a St. Clair County/Pell City School.
- 4. Must attend a 2/4 year/Technical College.
- 5. Must complete/attend an interview with the FFA Alumni Association Scholarship Committee (Alumni Officers).
- 6. Must be completed and turned in by April 19, 2024
- 7. Money will be released to your college upon proof of enrollment.
- 8. Must attend the FFA Alumni Banquet to receive the Scholarship.

ST. CLAIR COUNTY FFA ALUMNI ASSOCIATION SCHOLARSHIP

89 HENDERSON ROAD ODENVILLE, AL 35120 807-7187

1. APPLICANT

Last Name	First Name	Middle Initial
Home Address	City State	Zip Code
	111	
Phone #	Date of Birth (dd/mm/yy)	Social Security Number
2. HIGH SCHOO	DL	
School Name	School Phone	
School Address	City Stat	e Zip Code
	S (Please no more than one tea	cher)
Last Name	First Name	Prefix (Mr., Mrs. Dr.)
Phone Number B.	Association (teacher, minis	ster, employer, counselor)
Last Name		Prefix (Mr. Mrs. Dr,)
Phone Number C.	Association (teacher, minis	
Last Name	First Name	Prefix (Mr. Mrs. Dr.)
Phone Number	Association (teacher, m	ninister, employer, counse

4. SCHOLARSHIPS Have you received any other scholarships? Yes or No (If yes, list) 2._____ 3. 5. ACTIVITIES Please list all FFA activities Local ____ District ____ State ____ National _____ Please list any other activities School ____ Community ____ Church ____ Other _____ 6. COLLEGE Planned Major _____ College Choice 7. FINANCIAL STATEMENT Household income per year I agree that the information on this form is correct to the best of my knowledge

as evidenced by these signatures.