



JACKET APPLICATION

(All applications must be typed)

Applications must be posted marked by February 1st

NAME: _____
FIRST MIDDLE LAST MALE FEMALE

ADDRESS: _____
STREET OR P.O. BOX CITY
STATE ZIP PHONE #

E-MAIL: _____

HOW DID YOU FIND OUT ABOUT THIS AWARD? _____

HIGH SCHOOL: _____
ADDRESS PHONE # GRADE

FFA ADVISOR: _____
NAME E-MAIL

FFA CHAPTER #: _____ FFA OFFICE: _____

FFA MEMBERSHIP #: _____ JACKET SIZE #: _____

****PLEASE NOTE THAT DELAWARE FARM BUREAU WILL NOT BE RESPONSIBLE FOR REPLACING JACKETS THAT ARE MEASURED INCORRECTLY.****

ALL APPLICANTS ARE REQUIRED TO DO 10 HOURS OF COMMUNITY SERVICE TO BE ELIGIBLE FOR A FFA JACKET. THESE HOURS CAN BE DONE INDIVIDUALLY OR AS A GROUP (I or G).

SERVICE	DATES	I or G	HOURS

****IF YOU NEED ADDITIONAL SPACE FOR QUESTIONS 1, 2 OR 3, PLEASE
ATTACH AN ADDITIONAL PAGE****

PLEASE DESCRIBE THE REASON FOR YOUR APPLICATION AND WHAT THE BLUE JACKET MEANS TO YOU. (200 WORD MINIMUM)

PLEASE DESCRIBE YOUR CAREER GOALS AND HIGHER EDUCATION PLANS. (200 WORD MINIMUM)

PLEASE DESCRIBE WHAT YOU WOULD LIKE YOUR LEGACY TO BE. (50 WORD MINIMUM)

PLEASE HAVE YOUR FFA ADVISOR, PRINCIPAL AND A PARENT/GUARDIAN SIGN BELOW.

PARENT/GUARDIAN: _____

DATE: _____

FFA ADVISOR: _____

DATE: _____

PRINCIPAL: _____

DATE: _____

A LETTER OF RECOMMENDATION IS REQUIRED WITH THIS APPLICATION. PLEASE SUBMIT ONE WITH YOUR COMPLETED APPLICATION. LETTER MUST BE WRITTEN BY YOUR FFA CHAPTER ADVISOR.

APPLICANT SIGNATURE: _____

DATE: _____