

ACRS21 College Scholarship Application Advisor Verification Form



Agriculture Instructor Name: _____

Agriculture Instructor Email: _____

College/University: _____

Student Applicant Name: _____

Please initial each statement you agree with.

Initials

1. This scholarship applicant is an agriculture major.

2. This scholarship applicant has engaged in work-based learning.

3. This scholarship applicant has demonstrated commitment toward leadership development and career preparation.

Advisor Signature

Date