

# ACRS21 FFA Scholarship Application Advisor Verification Form



Advisor Name: \_\_\_\_\_

Advisor Email Address: \_\_\_\_\_

FFA Chapter: \_\_\_\_\_

Student Applicant Name: \_\_\_\_\_

Please initial each statement you agree with.

Initials

1. This scholarship applicant is in good standing with our FFA Chapter. \_\_\_\_\_
2. This scholarship applicant has active SAE projects, as verified in AET. \_\_\_\_\_
3. This scholarship applicant has demonstrated commitment toward leadership development and career preparation. \_\_\_\_\_

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date