

## NEVADA ZONE FFA OFFICER APPLICATION

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- Please make 10 copies of this application and submit them together.
- Send a self picture with the original application
- Portfolios are encouraged
- Due at registration at camp

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CHAPTER: \_\_\_\_\_  
ZONE: \_\_\_\_\_  
YEAR IN SCHOOL: \_\_\_\_\_ IN FFA: \_\_\_\_\_  
GPA: \_\_\_\_\_

### FFA ACTIVITIES

OFFICES HELD: \_\_\_\_\_  
\_\_\_\_\_  
COMMITTEES: \_\_\_\_\_  
\_\_\_\_\_  
DEGREES & AWARDS: \_\_\_\_\_  
\_\_\_\_\_  
LEADERSHIP ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_  
OTHER: \_\_\_\_\_  
\_\_\_\_\_

### SCHOOL AND COMMUNITY ACTIVITIES

SPORTS: \_\_\_\_\_  
\_\_\_\_\_  
OFFICES: \_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATIONS: \_\_\_\_\_  
\_\_\_\_\_  
COMMUNITY ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_  
OTHER: \_\_\_\_\_  
\_\_\_\_\_

WHAT OFFICE DO YOU DESIRE AND WHY DO YOU CONSIDER YOURSELF QUALIFIED TO HOLD THIS POSITION?

DESCRIBE YOUR S. A. E. AND WHAT YOU HAVE LEARNED ABOUT AGRICULTURE FROM THIS PROJECT.

IS THERE ANYTHING ELSE THAT YOU WOULD LIKE US KNOW ABOUT YOU OR WHY YOU WANT TO BECOME AN OFFICER?

Applicant	Date
Parent/Guardian	Date
Advisor	Date
Principal	Date