**South Carolina State FFA Degree Application**

**Short Form**

The short form is designed to accommodate those candidates who met the minimums for the Degree and have no desire to be considered for the State Star Awards.

Application must be submitted to your Regional Coordinator at the Spring Regional Teachers Meeting

Chapter Name:

Applicants Name:

Applicants Address:

City:       Zip Code:

Date of Birth (MM/DD/YEAR):      Age:

Current Grade in School:

If a high school graduate, indicate the Month/Year:

Years of Ag Ed Offered:      Years in Ag Ed Completed:

Date Greenhand Degree earned (Month/Year):

Date Chapter Degree earned (Month/Year)

Criteria – An affirmative response for each of the following statements is required to be eligible for the State FFA Degree. **Advisor must check each line item.**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Have you had continuous active membership for 24 months at the time of receiving the State Degree? |  |  |
| Are you currently an active FFA member? |  |  |
| While in school, have completed the equivalent of at least two years (360 hours) of systematic school instruction in agricultural education at or above the ninth-grade level which includes a supervised agricultural experience program? |  |  |
| Have earned **and** productively invested at least $1,000 or worked at least 300 hours in excess of scheduled class time, or a combination thereof, in a supervised agricultural experience program. (Page 3) Total Investments and Total Earnings ust be at least $1,000 or Page 3, Total Hours must be at least 300 hours in excess of scheduled class time, or a combination thereof) |  |  |
| *Demonstrate leadership ability by*: Performing ten procedures of parliamentary law. |  |  |
| *Demonstrate leadership ability by:* Giving a six-minute speech on a topic relating to agriculture or of the FFA. |  |  |
| *Demonstrate leadership ability by:* Serving as an officer, committee chairperson or participating member in the planning and/or completion of the chapters Program of Activities. |  |  |
| *Demonstrate leadership ability by: Participating in at least five different FFA activities above the chapter level (Verified on page 3)* |  |  |
| Having a satisfactory scholastic record as certified by the local agricultural education teacher and the principal or superintendent (Page 4, Section 1) |  |  |
| Have participated in at least 25 hours of community service, within at least two different community service activities. These hours are in addition to and cannot be duplicated as paid or unpaid SAE hours (Verified on Page 3) |  |  |

1. **Candidates Entrepreneurship Agricultural Experience**

Candidates must list their total entrepreneurship type programs including the quantity or unit, total income, total expenses, and labor income. Enterprises and quantity or until must be listed, but the total returns, total expenses, net returns, candidates share of the labor income may be listed for all enterprises combined where records are kept on a farm or business account basis.

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| --- | --- | --- | --- | --- |
| **Record Year** | **Enterprise and Scope** | **Income** | **Expenses** | **Profit** |
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1. Candidates Wage Earning Agricultural Experience

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Record Year** | **Job Title and Name of Business** | **Total Hours Worked UNPAID** | **Total Hours Worked PAID** | **Total Hours Worked** | **Rate of Pay** | **Gross Earnings** | **Total Expenditure** (Do Not Include Taxes) | **Net Earnings** |
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| **Totals** |  |  |  |  |  |  |  |  |

1. **Summary of Investments**
2. Candidate’s investment in Harvested & Growing Crops $
3. Candidate’s investment in Livestock & Poultry $
4. Candidate’s investment in Machinery & Equipment $
5. Other Investments $

**Total Investments** $

1. **Candidates Total Earnings**
2. Earnings from entrepreneurship agricultural experience $
3. Earnings from wage-earning agricultural experiences $

**Total Earnings: $**

**Total Hours:**

**Note: A candidate must have earned and productively invested $1,000 or worked at least 300 hours in excess of scheduled class time, or a combination thereof, in a supervised agricultural experience.**

1. **FFA Leadership Activities - Must have a minimum of 5 activities above the Chapter level.**

(FFA Officer, Committees, CDE’s, Convention, FFA Camp, Conference, etc)

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTIVITY** | **LEVEL (LIST YEAR)** | | |
|  | Region | State | National |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
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1. Community Service Hours Requirement – A minimum of 25 hours is required.

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| --- | --- |
| **ACTIVITY** | **HOURS** |
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1. **School and Community Activities**

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| --- | --- |
| **ACTIVITY** | **YEAR** |
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1. **Professional Association** (Cattlemen’s Association, Golf Course Associations, etc)

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| **ACTIVITY** | **YEAR** |
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1. **Comments Concerning Supervised Agricultural Experience Program**

*The candidate should write a statement justifying any unusual profits or losses made on their supervised agricultural experience program.*

1. **Scholastic Record**

I hereby certify that \_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_ has a satisfactory scholastic record.

1. Agricultural Education GPA
2. Cumulative GPA – all subjects 
   1. GPA Minimum Required

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Principal/Director Signature Agricultural Education Instructor Signature*

1. **References** – List three references below

Name / Title / Phone Number

4. Certification

We, the undersigned, have checked and verified the credentials of \_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_ and find that the statements, data and other information contained herein are true and accurate, and we recommend this candidate for the State FFA Degree.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Chapter President Signature Agricultural Education Instructor Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*State Degree Candidate Signature Parent/Guardian Signature*

1. **State Evaluation Committee’s Recommendation**

The committee *approves/disapproves* this candidate for the State FFA Degree for the following reasons: