



Supervised Agricultural Experience (SAE) Grant Application



Grant Information

Amount: **\$1,000.00**

Applicant Information

Last Name	First Name	FFA ID
Gender	DOB	Dues Paid

Contact Information

Address	City	State	Zip Code
Email Address	Home Phone		

Chapter Information

FFA Chapter Name	School Name		
School Address	School City	School State	School Zip Code
School Phone			

Parent/Guardian Approval

Father/Guardian Name	Mother/Guardian Name
Parent/Guardian Email Address	Parent/Guardian Phone

Example Application
DO NOT SUBMIT

Optional Demographic Information

SAE Grant Application

Information on this page is voluntary, unless it is required, as indicated on the grant selection page. Complete only those fields you wish to disclose.

Do you volunteer to disclose the information on this page?

No Answer Yes No

Ethnicity - please choose one:

No Answer

Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

Not Hispanic or Latino

Race - please check all races that apply:

American Indian or Alaska Native - a person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment

Asian - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Black or African American - a person having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Financial Analysis - Information supplied here is only used for SAE Grants that have a financial need requirement. This information helps the SAE Grant selection committee have a better understanding of an applicant's current financial status. This information will not be shared in any way with sponsors or post-secondary institutions.

Please use information from most recent tax forms filed with the U.S.

1. Annual estimated educational expenses, whole dollars only \$ _____

2. Please indicate dependency (Please Choose) I am a dependent I am not a dependent

If dependent, go to question 3 and fill in all Applicant/Student and Parent/Guardian information. If independent go to question 5 and fill out only Applicant/Student information.

3. Number of family members including myself: _____

4. Number of family members attending college including myself: _____

	Applicant/Student	Parent/Guardian
5. Enter personal income from non-farm employment as stated on most-recent tax forms:	\$ _____	\$ _____
6. Enter net farm income (if applicable):	\$ _____	\$ _____
7. Enter net farm loss (if applicable):	\$ _____	\$ _____
8. Other income to assist with college expenses:	\$ _____	
9. Estimated family contribution to college expenses:	\$ _____	
10. Please explain any unusual circumstances (emergency or medical expenses, debts on farm or business, etc):		

SAE Plan

Project Category

Project Subcategory

SAE Program Type for this SAE

If awarded, this grant will be used to:

SAE Description

Goals for your SAE

Include (1) an overview of your SAE plan (2) the current and/or beginning size and scope of the project (3) activities that are relevant to planning and implementation, and (4) practices that will be put in place for sustainability.

Goal 1 (required)

Goal 2 (required)

Goal 3 (optional)

Goal 4 (optional)

Example Application
DO NOT SUBMIT

Timeline

Create a monthly timeline of activities from February through November. Your timeline should include activities related to the planning, implementation and evaluation of the project.

Advisor Statement

Advisor Statement (must be completed by Chapter Advisor)

Explain specifically, how this grant will benefit the development and/or expansion of the student's SAE program. Include any financial and/or special circumstances that would limit this student's ability to start or expand their SAE without receiving this grant.

I certify and support this student's application. There are no exaggerated, misleading, deceptive, false statements or claims about the applicant's qualifications, experience or performance in this application.

Electronic Signature

Chapter Advisor's Name

Advisor's Email Address

Example Application
DO NOT SUBMIT

Parent/Guardian Signatures

A parent/guardian approval and signature is required for your application to be reviewed. Please complete the following information and mail to the National FFA Office. All signature pages must be postmarked by **November 15, 2013**.

Mail to:
SAE Grants
National FFA Organization
6060 FFA Drive
PO Box 68960
Indianapolis, IN 46075

Email to:
SAEGrants@FFA.org

Applicant Information

Student Name

FFA Member Number

FFA Chapter Number

Grant Name

This application was selected for Electronic Approval. If you cannot complete the electronic approval for any reason, you may use this page to submit Paper Approval.

Parent/Guardian Agreement

I have examined this application and find that the records are true, accurate and complete. We hereby permit for publicity purposes, the use of any information included in this application with the exception of the following:

Parent/Guardian Name

Parent/Guardian Email Address

Parent/Guardian Signature

Parent/Guardian Signature Date
