Discovery FFA Degree Application

As you complete each of the following requirements for the Discovery FFA Degree, place a check in the box and write the date on the line to the right.

NAME: ___________________________  Date Submitted: ___________________________

CHAPTER: ___________________________  Due Date: ___________________________

Requirement for Degree

☐ I am, have been or will be enrolled in an agricultural class during some portion of my 7th or 8th grade year.

List class name: ___________________________  Date completed: __________

☐ I have paid my local, state and national dues or I am enrolled in an affiliated agricultural education program.

Date paid: __________  Date completed: __________

☐ I have participated in at least one FFA chapter activity outside of scheduled class time.

List activity: ___________________________  Date completed: __________

☐ I have knowledge of agriculture-related career, ownership and entrepreneurial opportunities.  Date completed: __________

☐ I am familiar with the local FFA chapter Program of Activities.  Date completed: __________

☐ I will print and submit this application to my local advisor or will submit electronically.  Date completed: __________

Having met these requirements, I hereby submit this application for the Discovery FFA Degree.

______________________________  ___________________________
Member’s Signature:  Date:

FOR CHAPTER USE

I/We have reviewed this application and certify that the candidate has met the requirements and will be awarded the Discovery FFA Degree.

______________________________  ___________________________
Chapter President or Chapter Membership Committee Chairperson  Date:

______________________________  ___________________________
Chapter Advisor  Date: