Oran Egger Agricultural Scholarship Program

Application for Jim Ned CISD 4-H & FFA Seniors One annual scholarship award in the amount of \$300.

Eligibility Requirements:

- *Current year graduate of Jim Ned High School.
- *Overall GPA of 80 or higher.
- *Active member of FFA or 4-H for at least two years.
- *Meet entrance requirements of a Texas college, university, or trade school.
- *Enroll in college or technical school in summer or fall of current year.

Instructions:

- *Return completed application form by May 1 to JNHS Counselor.
- *Include evaluation forms by one Ag teacher/4H sponsor and one core subject teacher.

Name							
Address:							
Cell #:							
Email:							
Name of Parents or Guardian:							
Name of Chapter or Club							
FFA/4H Activities and Offices Held: (list or attach resume)							
	*						
Other Leadership Positions and Offices Held: (list or attach resume)							
Student Organizations & Extracurricular Activiti	es: (or attach)						

Honors or Awards throughout high school: (list or attach)
Community, Church, or other civic activities: (list or attach)
University, college or trade school you plan to attend: Applied? Y N
Explain fully your future career goals and how you plan to obtain your goal or career.
Applicant Signature:
4-H or FFA Advisor Signature

Oran Egger Agricultural Scholarship Program FFA/4H Advisor Evaluation

Applicant Name						
I hereby waive my rights to inspect and view this	confide	ntial e	evaluati	on.		
Signature of Applicant:	nature of Applicant: Date:					
Applicant, complete the information above before giving Provide an envelope for the evaluator to return the for your application packet to be returned to the counselo	m to yo	u. Incl				
Please evaluate the following statements concerning the well each quality describes the applicant by circling the responses will be treated as confidential information.						
5 – Above Average 4 – Average 3 – Below Av	verage 2 – Inferio		nferior	1 – Unknown		
1. Academic ability	5	4	3	2	1	
2. Willingness to accept responsibilities	5	4	3	2	1	
3. Ability to work with others	5	4	3	2	1	
4. Perseverance to find solutions or meet goals	5	4	3	2	1	
5. Personal character	5	4	3	2	1	
6. Leadership	5	4	3	2	1	
7. Motivation/determination	5	4	3	2	1	
8. Service to others	5	4	3	2	1	
9. Maturity	5	4	3	2	1	
10. Communication skills	5	4	3	2	1	
State briefly how you think this student will perforn	•					
How long have you known the applicant?						
Signature of Evaluator:			_ vale:			

Oran Egger Agricultural Scholarship Program Core Subject Teacher Evaluation

Applicant Name					
I hereby waive my rights to inspect and view this co	onfide	ntial e	evaluati	on.	
Signature of Applicant: Date:					
Applicant, complete the information above before giving TEACHER . Provide an envelope for the evaluator to returned to references in your application packet to be returned to	rn the	form t	o you. In	clude	
Please evaluate the following statements concerning the well each quality describes the applicant by circling the responses will be treated as confidential information.					
5 – Above Average 4 – Average 3 – Below Ave	rage	2 – Inferior		1 – Unknown	
1. Academic ability	5	4	3	2	1
2. Willingness to accept responsibilities	5	4	3	2	1
3. Ability to work with others	5	4	3	2	1
4. Perseverance to find solutions or meet goals	5	4	3	2	1
5. Personal character	5	4	3	2	1
6. Leadership	5	4	3	2	1
7. Motivation/determination	5	4	3	2	1
8. Service to others	5	4	3	2	1
9. Maturity	5	4	3	2	1
10. Communication skills	5	4	3	2	1
State briefly how you think this student will perform					
How long have you known the applicant?					
Signature of Evaluator:	Date:				