

Vern Dahlstrom Memorial Agriculture Scholarship

Vernon Dahlstrom was a highly respected agricultural education instructor in Montana. This scholarship was created in his honor after his passing to assist students in the pursuit of a career in agriculture.

Eligibility:

To be eligible for the scholarship, the applicant must:

1. Be an active FFA member and have completed a minimum of two (2) years of agriculture education
2. Maintain a minimum grade point average of 2.0 (C grade)
3. Attend Montana State University – Bozeman (first-time incoming freshman)
4. Plan a major in agriculture

Procedure:

9. Submit to chapter advisor the completed application in an envelope addressed to the address above.
10. Chapter advisor must complete the confidential reference form (in a sealed envelope) and include it in the envelope with the application.
11. ATTACH A CURRENT PHOTO OF APPLICANT FIT FOR REPRODUCTION AND PUBLICATION AND SIGNED RELEASE FORM.
12. INCLUDE A CURRENT TRANSCRIPT OF GRADES.
13. INCLUDE A TYPEWRITTEN STATEMENT, NOT TO EXCEED 100 WORDS, EXPLAINING WHY YOU HAVE SELECTED A CAREER IN AGRICULTURE.
14. The application packet must be received in the above address by the due date above.

If applicants are found to be equally qualified, preference will be given to the applicant demonstrating the greatest need. Attach additional pages if application space is not adequate.

Award:

The winner will receive a certificate at the Montana State FFA Convention. A \$500 award will be available to the winner upon proof of registration at Montana State University – Bozeman.

This award is funded through
an endowment provided by the family and
friends of Vernon Dahlstrom with the
Montana FFA Foundation.

Vern Dahlstrom Memorial Agriculture Scholarship APPLICATION

PLEASE TYPE

Name: _____ Social Security #: _____

Address: _____
(street) (city & state) (zip)

Phone: _____ Gender: M / F Date of birth: _____

Grade: _____ Years in FFA: _____ Office(s) held: _____

Chapter: _____ Advisor(s): _____

Name of parents/guardians: _____

Address: _____
(street) (city & state) (zip)

Father's occupation: _____ Mother's occupation: _____

Number of dependent children living at home: _____ Their ages: _____

High school attended: _____ Year graduated: _____

Rank in class: _____ Size of class: _____ High School GPA (on a 4.0 scale): _____

Name of hometown newspaper: _____

Newspaper address: _____

Number of years of secondary ag ed classes completed: _____ Number of years in FFA: _____

I. DESCRIBE YOUR CAREER OBJECTIVE:

II. SUPERVISED AGRICULTURAL EXPERIENCE (Current SAE)

Kind of Enterprise/ Job Title	Scope/Place of Employment	Percent owned by candidate	Hours worked

III. FFA LEADERSHIP ACTIVITIES

	Level of participation
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A. Offices held	Chapter	District	State	Year(s)

B. FFA Leadership Activities (Other than officer)	Chapter	Level of participation			Status or Ranking
		District	State	National	

IV. NON-FFA LEADERSHIP ACTIVITIES

Activity	Local	Level of participation		National	Status or Ranking
		State			

V. FFA AWARDS AND RECOGNITION

Activity	Local	Level of participation		National	Ranking
		State			

Attach a current photo of applicant fit for reproduction and publication.

I hereby release the information and picture provided in this application to the Montana FFA Association and Montana FFA Foundation for publicity and/or website purposes.

Signature of Applicant

Date

Signature of Parent or Guardian

Date

**Vern Dahlstrom Memorial Agriculture Scholarship
ADVISOR REFERENCE FORM**

NOTE: Advisor, please complete this reference form confidentially (place in a sealed envelope). Include it with the member's application and mail it to the state FFA office by the due date.

Member's Name: _____ Chapter: _____

Advisor's Name: _____ School Phone Number: _____

School Address: _____

16. What is the level of involvement of this member in the chapter activities? (Circle one)

low 1 2 3 4 5 high

17. What are the leadership skills of this member? (Circle one)

low 1 2 3 4 5 high

18. What is the work ethic of this member? (Circle one)

low 1 2 3 4 5 high

19. What progress has this member's SAE program shown? (Circle one)

low 1 2 3 4 5 high

20. What is the financial need of this member? (Circle one)

low 1 2 3 4 5 high

Why should this member be awarded this scholarship? _____

Additional comments? _____

Advisor's Signature: _____ **Date:** _____