



I. SUPERVISED AGRICULTURAL EXPERIENCE PROGRAM:

A. Current SAE

Enterprise	Scope	Percent Owned by Candidate

B. Off-Farm Agricultural Experiences Or Self-Employment Record

Job Title of Work	Place of Employment	Hours Worked

II. MAJOR FFA LEADERSHIP ACTIVITIES OF CANDIDATE:

A. Offices Held:

Office	Chapter	Federation	District	Length of Service

B. FFA Leadership Activities (Other Than Officer)

Leadership Activities	Chapter	Fed.	Dist.	State	National	Status

III. MAJOR NON-FFA LEADERSHIP ACTIVITIES:

Activities	Local	State	National	Status

IV. MAJOR FFA COOPERATIVE ACTIVITIES:

Activities	Chapter	Fed.	Dist.	State	National	Status

V. MAJOR FFA AWARDS AND RECOGNITIONS EARNED BY CANDIDATE  
(Indicate rating under the level)

Activity	Local	Fed.	Dist.	State	National

VI. WHY DO YOU RECOMMEND THE CANDIDATE FOR OFFICE?

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 Chapter President

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 Chapter Advisor(s)

VII. MY PLANS FOR THE IMMEDIATE FUTURE ARE.....

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VIII. If elected as a Junior State Officer, I pledge to reply to official correspondence as called for and attend all meetings whenever reasonably possible or submit my resignation if I cease to be a resident of Mississippi.

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Candidate's Signature

IX. My son/daughter has my approval to be a candidate for Junior State Office. If he/she is elected, I/we will cooperate in the fulfillment of the assigned duties of this office.

\_\_\_\_\_  
Parent/Guardian Signature

X. After deliberation regarding State FFA Officer duties and responsibilities, I wish to remove my name from candidacy.

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Candidate's Signature