

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. List Major Contributions Candidate Has Made As An Officer:

VI. WHY DO YOU RECOMMEND THE CANDIDATE FOR OFFICE?

Chapter President

Chapter Advisor(s)

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

VIII. CERTIFICATION BY CANDIDATE:

If elected as a State Officer, I pledge to abide by the Policies and Procedures for State Officers or submit my resignation if I cannot uphold these standards and practices or cease to be a resident of Mississippi.

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Candidate's Signature

IX. CERTIFICATION BY PARENT/GUARDIAN:

My son/daughter has my approval to be a candidate for 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. REMOVAL OF NAME FROM CANDIDACY:

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

Candidate's Signature

* Do not sign unless you have read the Policy and Procedures for State Officers.
Copies can be obtained from the State FFA Coordinator or before taking office.