NEVADA AGRICULTURAL FOUNDATION EDUCATION ASSISTANCE AWARD APPLICATION

Educational Assistance Awards are based on enrollment in an agricultural related field of study, financial need, scholastic proficiency, character, service, and specialized talents. Please answer all the following statements to the best of your ability. Additional pages may be added if needed.

Name (last, first, mi)	College I.D. # if availabl	le	Date of Birth	
Mailing Address	City	State	Zip	
Telephone No.	email address	High School Attended or Attending		
Year Graduated:	College you plan to attend:			
Are you currently enrolled in an institution of higher education?		Yes	No	
If yes, where?				
What is your planned m	ajor?			
Explain how this major	will relate to your future Agricultural caree	er goals		
GPA	ACT	SAT		
the first seven semesters	must be accompanied by your high sch completed OR, if you are enrolled at a un ot(s) together with your complete high scho	viversity or colleg		

School Activities in which you have participated:

	Name
Positions of Leadership:	
Community Sorvice Activities:	
Community Service Activities:	
Honors Received:	
4-H Member: Yes or No No. of years	FFA Member: Yes or No No. of years
List and describe your activities/experience related to	agriculture.

Name

List any circumstances or information that you feel has a bearing on your financial situation or need. Attach additional page(s), if necessary. We are not asking for your financial records, but how a NAF award will assist in pursuing educational goals.

Please explain why you are deserving of a Nevada Agricultural Foundation Award.

Please provide the following information so that we may publicize your award

Parent's Names:

Parent's Address:

Parent's Phone:

Hometown Newspaper:

The above information is true and accurate to the best of my knowledge.

Signature:

applicant

Date____