



Note: This document is to assist with approving State FFA Degree Applications and is not required to be submitted with the State Degree Application.

Applicant's Name: _____ **Chapter Name:** _____

Requirement	Place a check if met	Initials of 1st Reviewer	Initials of 2nd Reviewer
Signature of principal or superintendent			
Signature of advisor			
GPA minimum of 2.0			
Membership number listed			
Received the Chapter FFA Degree			
Paid two (2) years of FFA membership			
Current active member (3 rd year of membership)			
Completed two (2) years (360 hours) of agricultural education instruction			
300 hours or invested \$1,000 in SAE			
Officer, Committee chair or Committee member			
Five (5) FFA activities above chapter level			
Two (2) separate non-FFA activities totaling a minimum of 25 hours of community service with actual activity listed			
All checklist items marked "Met"			
All minimum qualifications answered "Yes" by advisor			

NOTES/FLAGS: _____