



## Scholarship Verification Form

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_ County: \_\_\_\_\_

### AUTHORIZING FFA ADVISOR, 4-H LEADER, OR COUNTY EXTENSION AGENT:

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*I verify that the above applicant is a 2025 graduating high school senior, has been a member of 4-H and/ or FFA for a minimum of 4 years, and has exhibited and/or competed at the North Dakota State Fair for a minimum of 3 years.*

Signature of Authorized Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM TO THE STUDENT TO BE UPLOADED WITH THEIR APPLICATION.**