Washington FFA State Degree Reviewer Checklist

FFA Member Name: ________________________________

FFA Chapter Name: ________________________________

Reviewer’s Name: ________________________________

Do Not Review your own Chapter’s Applications

Y N The application is signed by all required individuals. (Not including the State Advisor Yet)

Y N The applicant has a cumulative GPA of “C” or better. (should be signed off by Counselor or Administrator) (HINT: circle one to indicate which)

Y N 24 months of FFA membership is reflected by the information in the application.

Y N Entrepreneurship or Placement projects have listed dollars and/or hours, size and scope of project, a short description of the overall project. (Hours need to be a realistic amount)

Y N Does the application reflect an SAE project in the Agriculture industry?

Y N Are inventory changes reflected in the SAE project narrative and records?

Y N Do the beginning and ending inventories match?

Y N Are vehicles, ATV’s, motorcycles, etc. purchased as part of the SAE project? (Answer could be NO)

If Yes...are operating expenses for vehicles, etc. reflected in application? Yes or No

......... are values for vehicles, etc. purchased reflected in application? Yes or No

Y N The applicant has earned and productively invested $1000 or worked at least 300 hours in excess of scheduled class time or a combination thereof in a SAE program

Reminder: 300 hours of non-paid work qualifies member for State FFA Degree)

Y N Gain or Loss of Owner’s Equity is equal to or less than Maximum Possible Increase in Owner’s Equity.

Y N The records in the application a realistic reflection of the SAE Project.

Y N The applicant participated in 5 different activities above the Chapter level.

Y N Did the applicant participate in at least 2 community service activities for a total of at least 25 hours? (Community service activities must meet eligible requirements)

Y N Are there any error messages in the application? (Answer should be NO)

Y N A WA FFA Universal Resume is attached that reflects activities included in State Degree Application.

Y N The applicant has served as a chapter officer or committee member. (Listed on Resume)

Y N The transcript shows required hours in agriculture education courses. (360 hours)

(Highlight Agriculture Education Classes)

Reviewer Comments in regard to eligibility for the State FFA Degree: ________________________________________________________________

__________________________________________________________________________________________

All Approved State Degree Applications MUST Be Mailed After the Review and Received by March 1st.

_____ Approved _____ Not Approved __________________________________________________________

______________________________ __________________________
Signature of District Reviewer Date