



Application for Josh Lilly Memorial Scholarship

Must have been an active FFA Member for at least two years

Please type or print clearly:

Personal Information:

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Birthday: _____ Social Security Number: _____

Intended Major or Field of Study _____

Name and address of College/Tech school planning to attend: _____

City: _____ State: _____ Zip Code: _____

List the years you have been an FFA Member _____

Please attach a brief essay stating your financial need for this scholarship.

Please submit by:

Signature: _____

Date: _____

Thank You.


Sandra Lilly

Return to the Guidance Office
by May 16, 2022