



Missouri FFA

Helping Youth Prepare for Excellence (HYPE) Academy

Growing Advocates for Missouri Agriculture

Sponsored by the Missouri corn checkoff

Application Scoring Guide - 2019

| | |
|---|------------|
| Teacher Letter of Recommendation | _____ / 10 |
| Community Letter of Recommendation | _____ / 10 |
| School Administrator Letter of Recommendation | _____ / 10 |
| Narrative 1 | _____ / 10 |
| Narrative 2 | _____ / 10 |
| Narrative 3 | _____ / 10 |
| Narrative 4 | _____ / 10 |
| Narrative 5 | _____ / 10 |
| Student FFA Activities | _____ / 10 |
| Academic Performance - Transcript | _____ / 5 |
| Professionalism of Application | _____ / 5 |

Total Points Possible

_____ / 100



The HYPE Academy: Growing Advocates for Missouri Agriculture

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Are you a future leader in agriculture, FFA and your community? Are you ready to be an active member of the agricultural community and tell the agriculture story? If you answered YES, the HYPE Academy is for you! HYPE is a youth leadership conference designed to challenge and equip the TOP 30 incoming high school senior FFA members to be advocates for agriculture.

What is HYPE?

These 30 FFA members will receive hands-on experiences to prepare them to communicate, lead and advocate for the agricultural industry. In addition, you will gain strategies to continue strengthening your knowledge base in agricultural issues, sharpen your written and verbal communication skills and spark potential career interests. Most importantly, you will bring home tools to help you and other members in your FFA chapter tell the agriculture story!

When, Where, and Why HYPE?

The HYPE Academy will challenge 30 Agricultural Education students during an intensive three-day academy June 25-27, 2019. Held at the University of Missouri-Columbia, HYPE will build on other important FFA leadership conferences you have participated in up to this point. Expect this leadership experience to be a hands-on, engaging academy that will provide you skills to communicate, lead and advocate for the agricultural industry.

How do you Apply?

In 2019, the top 30 entering high school seniors in 2019-20 will be selected to participate in HYPE through a competitive written application process. Students need to submit a written application with five narrative responses, academic transcript, FFA member activity form, and three letters of recommendation. One letter must be from your Agricultural Education Teacher/FFA Advisor, the second from a school administrator (superintendent or principal), and the third from a community leader that knows you and your leadership experience.

All applications must be submitted to the Missouri FFA office no later than February 15, 2019. There are seven parts to the written application:

- 1) Information and signatures
- 2) Student narratives
- 3) Ag Educator/FFA Advisor recommendation
- 4) Community leader recommendation
- 5) School administrator recommendation
- 6) FFA member activity form
- 7) High school academic transcript

FFA members will be notified of selection by April 1, 2019.

Please make sure that the information is correct on the application. Students will be contacted prior to attending The HYPE Academy using submitted e-mail address.

SAVE THIS APPLICATION TO YOUR COMPUTER BEFORE TYPING YOUR INFORMATION IN!!



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June 25-27, 2019

Name:

Address:

Home phone:

Email address (student):

Name of parent(s):

Chapter name:

Chapter advisor name:

Name and address of high school:

Area:

Gender:

T-shirt size:

Student signature: _____

Parent signature: _____

Advisor signature: _____

(second page of application) – Narratives

1. Why would you like to participate in the 2019 Missouri FFA HYPE Academy?

2. How have you advocated for agriculture?

3. Why do you believe advocating for the agricultural industry is important in 2019 and beyond?

4. How will your engagement in the HYPE Academy enhance your career as an agriculturalist?

5. CAFOs or concentrated animal feeding operations are a modern livestock production practice. As Missouri looks to increase agriculture productivity, this practice is drawing much attention. Please describe what you feel are the benefits and challenges of implementing these operations in your area.

II. FFA LEADERSHIP & PARTICIPATION

| C. FFA Office Held: | |
|---------------------|-----------------|
| YEAR | FFA OFFICE HELD |
| | |
| | |
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| | |
| | |
| | |

| D. Committees in FFA: | | CHECK ONE | | CHECK ONE | |
|-----------------------|-----------|-----------|------|-----------|----|
| YEAR | COMMITTEE | CHAP | AREA | MEM | CH |
| | | | | | |
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| | | | | | |
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| E. Career Development Events: | | | | | |
|-------------------------------|--------------------|------|------|-------|-------|
| YEAR | TEAM OR INDIVIDUAL | AREA | DIST | STATE | NAT'L |
| | | | | | |
| | | | | | |
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| F. Major Activities, Awards & Leadership Outside FFA | |
|--|----------|
| YEAR | ACTIVITY |
| | |
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| | |

STATEMENT OF PHYSICAL

DESE Telephone: 573-751-3544

This form may be duplicated

**CONDITION AND
PARENTAL CONSENT FORM**

Male _____

Female _____

MISSOURI HYPE ACADEMY MEDICAL FORM

Name of Officer _____, Date of Birth ____/____/____

School _____ Advisor Name(s) _____

Note to Parents: Please fill out the following information keeping in mind that some of the activities could include strenuous activity. If you know of physical conditions that would restrict your son or daughter, please list them below or attach a physician's statement. It is also important that your son or daughter is well informed on any limitations or precautions that should be taken. Please include if your son or daughter is on any type of medication, is allergic to any type of medication or foods and/or requires a special diet.

I, _____, _____ of _____,
(Print - Parent or Guardian Name) (Print - Relationship) (Print - Student Name)
hereby give permission for the above mentioned individual to take part in all activities as an officer, with exception of the following: _____,

while he/she is completing their duties as a State FFA Officer, and in the event of an emergency, if I cannot be reached, I give consent for the attending Missouri FFA representative to obtain through a physician or hospital of their choice such medical care as is reasonably necessary for the welfare of my child.

(Emergency Phone Number)

(Signature of Parent or Guardian)

(Print - Complete Home Address, including Zip Code)

Insurance-No medical insurance is purchased for officers during their year of service. If an injury requiring medical attention occurs while participating in the responsibilities of their state office, their personal health insurance will be used; the officer and their parents are responsible for any medical bills.

*******Personal Health Insurance Information*******

Name of Insurance Company _____ Group Policy Name _____

Policy Member Name _____ Policy Group # _____

Policy Member ID# _____

Please present this statement to the Missouri FFA Association.

Facilities and services are available to all without regard to race, color, national origin, age, sex, or disabling condition.

Don't forget to include these other documents:

- Academic Transcript
- Three letters of recommendation - one each from:
 - 1) Ag Teacher/FFA Advisor
 - 2) School Administrator
 - 3) Community Leader

Be sure that all documents are signed and included!