

**New Jersey Equine Advisory Board  
P.O. Box 330  
Trenton, NJ 08625  
(609) 292-2888**

**Agricultural Achievement Award  
APPLICATION FORM  
Due by January 10, 2017  
(Please write legibly)**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ e-mail \_\_\_\_\_

Name of Parents \_\_\_\_\_

Name of School Contestant Attends \_\_\_\_\_

Age \_\_\_\_\_ Sex ( F ) ( M ) Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

Name of Organization affiliated with\*\*

\_\_\_\_\_

Signature of Contestant \_\_\_\_\_

Signature of Parent/Guardian (if under 18) \_\_\_\_\_

\*\*Must be a 4-H, FFA or member of an organization represented on the NJ Equine Advisory Board