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

Agricultural Achievement Award
APPLICATION FORM
Due by January 10, 2020
(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