

**Request for Special Needs Accommodation for  
National FFA Music Programs**

**Deadline: Must be submitted September 10<sup>th</sup>, annually. This form is to request accommodations for National FFA music programs. Please be advised if this form is not received by the deadline, National FFA cannot guarantee that accommodations will be provided.**

*The following information is required for FFA members who are participating in National FFA music programs and wishes to request an accommodation for a disability.*

Please complete the following information, print the completed form and secure necessary signatures. Please mail, scan and email or fax the signed form to Jim Armbruster on or before September 10<sup>th</sup>. **Electronic signatures cannot be accepted.**

**Jim Armbruster  
Senior Partner Services Specialist  
National FFA Organization  
P.O. Box 68960 – 6060 FFA Drive  
Indianapolis, IN 46268  
[jarmbruster@ffa.org](mailto:jarmbruster@ffa.org)  
(Office) 317-802-4334  
(Fax) 317-802-5334**

This information will be kept strictly confidential and will be used only to process services for participants needing special needs assistance. **National FFA may request further documentation on the participant's disability upon receipt of this application.**

Name of FFA activity: check appropriate box Band \_\_\_\_\_ Chorus \_\_\_\_\_ Talent \_\_\_\_\_  
Name of participant needing accommodations: \_\_\_\_\_  
Parent/Guardian Name, if participant is under 21 years of age: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Participant Telephone Number: \_\_\_\_\_  
Chapter Name: \_\_\_\_\_  
Chapter Number: \_\_\_\_\_  
Advisor's Name: \_\_\_\_\_ Advisor's Phone Number: \_\_\_\_\_  
Advisor's Email: \_\_\_\_\_

**Description of Disability and Accommodations Requested**

Specific Disability:

Please describe the limiting nature of the disability and the accommodations requested:

Please list accommodation or accommodations provided at local or state level for this participant:

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Advisor Signature/Date

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Authorized State Staff/Date

**This is only an application for special needs assistance. If additional information is needed the advisor or the participant's parents will be contacted for additional information.**