



**TUITION GRANT APPLICATION
RURAL REHABILITATION CORPORATION**

ND CAREER & TECHNICAL EDUCATION and ND FARM MANAGEMENT EDUCATION PROGRAM



Due April 15th

To be completed by the ND Farm Management Education Program Instructor.

| | |
|-----------------------|-------------------------------------|
| Operator's Name | |
| Spouse's Name | |
| Address | |
| Telephone Number | Years Enrolled in the Program |
| Program Tuition \$ | Grant Request (minimum \$400) \$ |

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| Does applicant need assistance to take the course? |
| Comments |

| | | |
|---|-----------------------|------|
| Local Education Agency (LEA) & Location | Fiscal Year | |
| Instructors Printed Name | Instructors Signature | Date |

**Mail to:
Craig Kleven, Agricultural Education Supervisor
ND Career and Technical Education
600 E Boulevard Ave., Dept 270
Bismarck, ND 58505-0610**

To be completed by the ND Farm Management Education Program Enrollee.

| | |
|-----------------|------|
| Tuition \$ | Date |
| Operator's Name | |
| Spouse's Name | |

| |
|--|
| Total Number of Children (list names & ages below) |
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| Name(s) | Age(s) | Name(s) | Age(s) |
|---------|--------|---------|--------|
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|---------|------|-------|----------|
| Address | City | State | ZIP Code |
|---------|------|-------|----------|

| |
|------------------|
| Telephone Number |
|------------------|

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| Please list some reasons for participating in the ND Farm Management Education Program |
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| List your long-term and family goals |
| |

We agree to participate and take full advantage of the opportunities in ND Farm Management Education Program.

| | | | |
|----------------------|------|--------------------|------|
| Operator's Signature | Date | Spouse's Signature | Date |
| | | | |

**In cooperation with the ND Department of Career and Technical Education
and the ND Farm Management Education Program.**