



**TUITION GRANT APPLICATION  
RURAL REHABILITATION CORPORATION**

ND CAREER & TECHNICAL EDUCATION and ND FARM MANAGEMENT EDUCATION PROGRAM



**Due April 15<sup>th</sup>**

**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) \$

Does applicant need assistance to take the course?
Comments

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

**Mail to:**  
**Darin Spelhaug, 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)

Address	City	State	ZIP Code
Telephone Number			
Please list some reasons for participating in the ND Farm Management Education Program			
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
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**In cooperation with the ND Department of Career and Technical Education  
and the ND Farm Management Education Program.**