2016 LEGISLATIVE AG CHAIRS SUMMIT Jake Flake Scholarship Application

REQUEST FOR TRAVEL SCHOLARSHIP

| Name | | | |
|----------------------------------|---|--|----|
| Phone | • | Email | |
| Airpor | t you will be flying from, or mile | age if driving. | |
| | This is to confirm that I do not questing assistance from SAR | have state or campaign funds available for travel and am re- L for travel expenses. | |
| | If provided travel scholarship, tive Ag Chairs Summit. | I agree to participate on the advisory board for the 2015 Legis | la |
| | Signed | | |
| Please mail this application to: | | State Agriculture and Rural Leaders 6181 West State Rd 28, West Lebanon, IN 47991 | |
| or Fax it to: or Email it to: | | (765) 893-8286 corr@sarl.us | |

