KANE COUNTY FARM BUREAU FOUNDATION

*Continuing Education Funding Request

(for Courses, Conferences, Training & Professional Development not sponsored by Farm Bureau)



Name:	Date:
Address:	Phone:
	Fax:
Farm Bureau Membership #:	E-Mail:
High School Attended:	Graduation Date:
Location:	Years Attended:
College/University:	Graduation Date:
	(or expected graduation date)
Location:	Years Attended:
Field of Study:	Major/Minor:
College(s) GPA:	
	our education?
What is your current occupation?	
What is your current occupation? Please describe your primary duties:	
Please describe your primary duties:	
Please describe your primary duties:	

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Funding Request	—	
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what community activities have you participated in:					
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What other jo	What other jobs or positions have you held during your adult working career?				
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Course/Confe	rence/Training TI	ΓLE:			
Sponsoring O	rganization/Institu	tion:			
Date(s):		Enrollment Fee/Tuition:			
	Amount requested:				
How will the	funds be used?				
	In the area below, please explain your professional goals and objectives. Include any contributions you expect to make to agriculture/agri-business and how this activity will help you achieve these goals.				
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Upon reau		*********** rees to make a report from the above course, conference or training at a regula			
	meeting of the Kane County Farm Bureau or Kane County Farm Bureau Foundation.				
I solemnly dea	clare the foregoing	g answers are true and correct to the best of my knowledge and belief.			
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Date:		Signature of Applicant:			
	Return to:	Kane County Farm Bureau FOUNDATION Steve Arnold, Executive Director			

2N710 Randall Road St. Charles, IL 60174

* For KCFB Regular & Professional members only. Application is due 60 days prior to enrollment deadline. Funding limited to ½ of the enrollment fee or tuition and to \$250 per membership per year. Disbursements will be made to sponsoring organization/institution only. Limited to one time only attendance at any course, or conference.