



## NAFDMA Scholarship Fund Application

The purpose of the NAFDMA Scholarship fund is to provide assistance to those who would benefit from attendance at a NAFDMA event. It is not limited to current members, but to take advantage of the scholarship, the recipient must become a member of NAFDMA before applying for scholarship funding.

NAFDMA events which are eligible for scholarship opportunities include the Agritourism Learning Retreat, Agritourism Farm Tour, and the Annual Convention. Only events located in North America are eligible for the scholarship.

A scholarship will cover 50% of the event registration fee. Funds will be directed to the NAFDMA registration fee for the event and will not be given directly to the recipient. Only one member from any given business is eligible for assistance.

### Applicant Information

Name \_\_\_\_\_

Farm/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Describe your farm operation/business \_\_\_\_\_  
\_\_\_\_\_

How many years has your business been in operation? \_\_\_\_\_

Is your farm currently operating under any grants, scholarships, or government assistance?  
Yes/No

If Yes, Please Describe \_\_\_\_\_  
\_\_\_\_\_

Are you receiving supplementation to attend a NAFDMA event from another organization/business/association? Yes/No

If Yes, Please Describe \_\_\_\_\_  
\_\_\_\_\_

Have you received a NAFDMA Scholarship in the past and if so, when?

\_\_\_\_\_

Have you received assistance to attend a NAFDMA event in the past from any source other than NAFDMA? Yes/No

If yes, when? \_\_\_\_\_

How did you hear about the NAFDMA Scholarship Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What recent challenges have you faced on your farm or in your organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the adverse effects your business experienced this past year that would prohibit you from funding your own expenses in full.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What information in the upcoming event program do you believe will be the most beneficial?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe exactly which portion of the upcoming event you wish to attend – education only, bus tour, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return completed application to:

Suzi Spahr

Executive Director, NAFDMA

P.O. Box 30481

Indianapolis, IN 46230

[suzi@nafdma.com](mailto:suzi@nafdma.com)

Staff Use Only

Date Postmarked/Emailed \_\_\_\_\_ Staff Initials \_\_\_\_\_