

CWMA Scholarship Training Funds Application



Please legibly complete scholarship training funds application.

MEMBER INFORMATION			
First Name:		Last Name:	
Title:		Organization / Jurisdiction:	
Street Address:			
City:		State:	Zip Code:
Phone Number:	Fax Number:	Email Address (Required):	
TRAINING INFORMATION			
Type of Training:			
Dates of Training:			
Training Location:			
Cutoff Date for Training:			

Submit form to:

Attn: Sherry Turvey
Kansas Department of Agriculture
1320 Research Park Drive
Manhattan, KS 66502

P. (785) 564-6682 F. (785) 564-6779 E. sherry.turvey@ks.gov