

Name:					
Michigan Corn Growers Association	on Member: Yes	s 🗌 No			
Farm/Company Name (if applicab	le):				
Address:					
City, State, Zip:	County:				
Home Phone:	Cell Phone:				
Email:					
Birthdate:	Gender:				
Nominated by:					
EDUCATION INFORMATION					
List schools attended, including high schools, colleges and short courses:					
Name of school	Attendance dates from/to (mo/yr)	Graduation date	Degree earned	Area of study	
REFERENCES					
Please list three references:					

Name	Address	Email



QUESTIONS

Explain your role in the agricultural operation. Also, briefly describe the	e operation.
What do you hope to gain from participating in the MI CENT program?)
My enrollment in the MI CENT Program will be a high priority. My commitment that this program will require and are willing to assis	
Signature of Applicant	Date
Application deadline is October 17, 2016 Accepted applicants will be notified by	MI Cent sponsored by:
November 15, 2016 Enrollment fee of \$300 is due upon acceptance	CMDM
Please refer questions to Theresa Sisung at 517-668-2676 or tsisung@micorn.org	o F M I C H I G A N
For more information, visit w	vw.micorn.org