

SPOUSE SUPPORT COMMITMENT

INDIANA AGRICULTURAL LEADERSHIP PROGRAM

Please Print or Type

1. Name
.
 2. How long have you been married to the candidate?
.
 3. Number of children _____ Please give names and ages
.
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4. Why would you like to see your spouse selected to participate in the Indiana Agricultural Leadership Program?

YES, I understand that my spouse will be attending twelve overnight (2 nights or more) seminars if selected to participate in the Indiana Agricultural Leadership Program.

I fully support my spouse's interest in the Indiana Agricultural Leadership Program.

Signature: _____ Date: _____