

# SPOUSE SUPPORT COMMITMENT

## INDIANA AGRICULTURAL LEADERSHIP PROGRAM

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*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 \_\_\_\_\_

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