



**AMERICAN AGRI-WOMEN RESOURCE CENTER
GAIL McPHERSON FLY-IN SCHOLARSHIP**

APPLICANT'S NAME _____

ADDRESS _____

PHONE _____ **FAX** _____

EMAIL _____

CURRENT AFFILIATE MEMBERSHIP _____

1. What is your current or previous background relating to agriculture?

2. List your volunteer service, with special emphasis on your involvement in AAW or your state affiliate.

3. Why would you like to attend Fly-In?

4. Write a short essay on your educational background, leadership roles, current and future goals.

5. How will you share your Fly-In experiences with other members?

APPLICANT'S SIGNATURE _____ DATE _____

Scholarship Applications are due April 15th of current year.

**Send application to: Peggy Clark
2274 E. Lytle Five Points Rd
Dayton, OH 45458
937-885-5942 (fax)**