

**AAPFCO STATE REGULATORY CONTROL OFFICIALS ANNUAL
WINTER/SUMMER SCHOLARSHIP APPLICATION**

Please check one: Annual Winter Annual Summer

Date Submitted: _____

Name and Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email Address _____

Years involved in fertilizer regulation work _____

Current position and brief description of your fertilizer related duties (e.g. label review, administration, laboratory supervision, field inspector, etc.)

Have you attended an annual winter or summer meeting in the past? YES NO
If yes, when? _____

Would you consider being on one or more AAPFCO Committees? YES NO
If yes, please indicate which committee(s) you would be interested in:

Will your state provide partial funding for this meeting? YES NO
How much funding do you need from the AAPFCO Scholarship Funds to attend? _____

ATTENTION: This form MUST be submitted 60 days prior to the start of the meeting.

Return to:

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Division of Feed & Fertilizer
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