

Iowa SARE Professional Development Travel Scholarship Application

| Name: | | |
|--|--------------------------------|---------------|
| Organization: | | |
| Email address: | | Phone number: |
| Event | | |
| Title of event or activity you planning to attend? | | |
| Location of the event: (SARE grants do not support international travel.) | | |
| Date(s) of the event: | | |
| Purpose and Outcomes | | |
| How do you plan to share the information learned at this event with farmer or students? (Check all that apply) | | |
| □ Write a newsletter article □ Host a field day or workshop on what is learned □ Share with farmer network □ Other: | | |
| | | |
| Estimated Budget (cost of travel): | | |
| Reimbursement will cover registration fee, mileage or airfare, and meals. Check with state SARE coordinator | | |
| for maximum funds available. Reimbursement request submitted after the event MUST include receipts for | | |
| meals, registration and airfare. | | |
| | Registration fee: | |
| Meals (up to \$40): | | |
| Travel (mileage paid at .535/mi): | | |
| Tota | al amount requested from SARE: | |
| Date travel request is submitted: | | |