

Official Application Form (Please attach to completed business plan)

Name of university or agricultural	college:				
Course name and number:					
Please indicate how this business p	olan has been completed:		Individual	☐ Team	
Release We would like permission to publish your application, you consent to our use of you					
I/We				(print name(s) here),	
the undersigned, do hereby grant Farm Cr and promotion campaigns, correspondenc personal information, including phone nu	redit Canada the right to use my re, websites and materials. I/We	our name(also grant I	(s) and/or likeness FCC permission to	provide journalists with	
Signature(s)					
All about you					
Name:	Student No.:				
Address:					
City/Town:	Prov	ince:	Postal Code	:	
Telephone: ()	E-mail:				
Home town and province (if different	from mailing address):				
Signature:			Date:		

All about your team ...

Name:			Student No.:		
Address:					
City/Town:		Province:	Postal Code:		
Telephone: ()	E-mail:				
Home town and province (if different from r	nailing address)	:			
Signature:					
Name:		S	Student No.:		
Address:					
City/Town:		Province:	Postal Code: _		
Telephone: ()	E-mail:				
Home town and province (if different from r	nailing address)	:			
Signature:					
Name:		Student No.:			
Address:					
City/Town:		Province:	Postal Code: _		
Telephone: ()	E-mail:				
Home town and province (if different from r	nailing address)	:			
Signature:					
Business Plan mentor (parent/p	roducer)				
I,				(print name(s) here),	
have mentored the student(s) and endors					
plan covers all key areas and in theory is	a sound busine	ess plan.	, -		
Signature:			Date	::	
Details of mentor's operation or farm:					



