



MASSACHUSETTS FARM BUREAU FEDERATION

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MFBAPF's John & Liolia Schipper Memorial Grant Application

Applicant Name(s):	Date Submitted:
Farm Name:	
Mailing Address:	
Physical Address: (if different)	
Phone Number:	Email:
Years Farming:	Sponsor (if any):
Are you a current MFBF member? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, which county?	
Please provide a brief summary of your farming experience:	
Please describe your need for grant funding. How will this specific funding improve your operation, get you started, or leverage other funds?	
Please describe your economic and/or environmental challenges to the farming business. How will you address these challenges?	