December 8, 2023

APPLICATION

**2024 Tobacco Short Course**

This application is for 30 participants in tobacco production and marketing for a three-day short course sponsored by the NC Tobacco Research Commission and the Tobacco Growers Association of NC in cooperation with the College of Agriculture and Life Sciences at NC State University. The tobacco short course will be conducted **January 30th, 2024 (beginning at 11:30 a.m.) through February 1st, 2024 at 4:00 p.m.** Rooming and seminars will be at the **Stateview Hotel, 2451 Alumni Drive, Raleigh, NC 27606.**

The production course will include current information on variety selection, seedling production, cultural practices on fertilization, weed management, sucker control, disease and insect management, mechanization, fuel conservation in curing, and economics of production. On Wednesday, January 31st, 2024, there will be an all-day session on Tobacco Grading conducted by Mr. Bobby Wellons, AMS, USDA. You may register for just the grading school session. Acceptance to the grading school will depend upon available space.

Applications will be given priority in the following order: North Carolina tobacco growers; newly hired extension agents; university technicians and Research Station tobacco supervisors; and tobacco related agribusiness personnel. Depending on the number of farmer applications, people who are tobacco related professionals will be accepted.

Those selected to attend will be responsible for the costs of their transportation to and from Raleigh. The hotel room (shared with another participant), meals, and instruction costs will be paid from support of the NC Tobacco Research Commission and the Tobacco Growers Association of NC. If a participant requires a private room, he/she will pay one-half the room charge, which will be approximately $100 per night. Applicants who live within a 45 mile radius of Raleigh will be asked to commute. For others who live at least 45 miles from Raleigh, Matthew Vann will make your room reservation and notify you unless you advise him you have your own room arrangement.

All applicants should deliver the completed application to the Extension agent responsible for tobacco in their county Cooperative Extension office for signature no later than **January 5, 2024—although earlier is much better**. The agent is asked to sign and scan the application to Matthew Vann (mcvann@ncsu.edu)

Deadline for receipt of applications is January 5, 2024 or until the desired number of participants is obtained. All applicants, and County Extension Representative(s) who signed the participant’s application, will be notified via email upon receipt of the application. If an applicant does not receive a notice that their application is received, please contact

Matthew Vann. The 30 selected to participate will be notified by January 22, 2024 and later will be provided with a copy of the program and a list of attendees/addresses to help those who want to ride together to Raleigh.

Agribusiness participants will need the signature of their supervisor(s) to help ensure the time commitment (three days) for the short course and grading school, which starts on Tuesday at noon, January 30th, 2024 and ends at 4:00 p.m. on Thursday, February 1st, 2024.

December 5, 2023

**APPLICATION**

**2024 Tobacco Short Course**

**For Young Tobacco Farmers**

SPONSORED BY THE

NORTH CAROLINA TOBACCO RESEARCH COMMISSION,

TOBACCO GROWERS ASSOCIATION OF NC,

AND

CONDUCTED BY TOBACCO EXTENSION SPECIALISTS IN THE

COLLEGE OF AGRICULTURE AND LIFE SCIENCES

NORTH CAROLINA STATE UNIVERSITY

January 30th, 2024 – February 1st, 2024

(Tuesday, 11:30 a.m. – Thursday, 4:00 p.m.)

Present this completed application to the county extension agent responsible for tobacco in your county Cooperative Extension office **before or by January 5, 2024—the earlier the application is received the better!** The agent is asked to sign and forward the application to: Matthew Vann (mcvann@ncsu.edu) **no later than January 5th, 2024.**

1. Full Name: Last First Middle Called First Name

(Mr./Mrs./Ms./Miss)

1. Street Address:

City: State: Zip: County:

1. Email Address (very important/please print):
2. Cell Phone: Work Phone:

Home Phone:

1. Number of Years Farming:
2. Form of Business Organization:

Partnership ( ) Corporation ( ) Owner-Operator ( )

1. Data on Current Agricultural-Related Operation: (For tobacco note whether flue-cured or

Burley, which should be listed separately; for agribusiness or public agencies, applicants write the name of your organization.)

Crop(s) Acres Livestock or Poultry Number

8. If you grow organic tobacco, how many acres of organic tobacco do you expect to plant in 2024?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acres

9. Name(s) of anyone who suggested that you apply to attend this tobacco short course

10. What do you expect to gain by participating in this three-day course?

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11. Information you believe would be helpful to those involved in deciding on the participants in the

Tobacco Short Course (limited to 30 participants) if needed:

12. Request for private room Roommate suggestion

(You pay ½ cost of room for private room) – Reservations will be made by Matthew Vann who will advise you.

13. I would be willing to commute to & from the sessions (no hotel room needed).

Yes No Call me to discuss

Commuting usually works for those less than 50 miles from Raleigh.

14. For your graduation certificate, please **print** your name as you would like it to appear:

I understand the expectation of me is to attend all of the sessions and to pay approximately $100.00 (1/2 the room rate per night) if a private room is requested plus my costs for transportation to and from Raleigh. For this scenario, we would pay for one night and applicant(s) pay for one night. All rooms are non-smoking rooms; however, your room can be on the first floor where outside smoking is convenient. **Check here if you want a room on the first floor. \_\_\_\_\_\_\_\_\_\_\_**

Dress: Dress for the program is business casual

Applicant Signature: Date:

Agribusiness Supervisor Signature: Date:

County Extension Representative Signature: Date:

County Extension Representative Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_