

INSTRUCTIONS

INDIANA AGRICULTURAL LEADERSHIP PROGRAM

- Familiarize yourself with the Indiana Agricultural Leadership Program by reading the enclosed brochure carefully, noting what is expected of you, if selected.
- Read the entire application before beginning to write.
- Complete all portions of the application. Please type if possible. You may submit your resume in place of the application, providing all the information requested is included. Additional pages may be added where necessary, keeping word limitation in mind. Your application may be submitted electronically, however we will need actual signatures provided by mail, fax or scanned.
- If you are employed, ask your employer to fill out the Employer's Commitment form and return it to you for submission **with your application**. It is important that your employer be aware of the time commitment of this program.
- If married, or soon to be, please have your spouse/fiancé complete the portion designated as Spouse Support Commitment form and return it with applicant's portion.
- Two** Personal and **two** Business Recommendation forms are to be completed and returned **directly to AgrInstitute** by the recommenders. Selection of personal recommenders should be made in terms of their ability to provide the type of information requested on the form. Business recommenders should be people you know on a professional level. Be sure your name is on each recommendation sheet before you distribute them to your recommenders.
- Responsibility for submission of all requested information rests with the candidate. Applications that are incomplete or lack a reference response will not be considered. Every effort will be made to inform you when references are outstanding.
- All applicants will receive acknowledgment of receipt of their application and recommendations from AgrInstitute. A statewide committee will screen all applications. AgrInstitute will notify each applicant of his or her acceptance or rejection for the program.
- Up to 30 applicants may be accepted for each class. If applicants are not accepted, they may reapply for another class.
- Submit Application and its components to AgrInstitute postmarked **NOT LATER** than January 15, 2010. Applications may be submitted by e-mail. It is the candidates responsibility to ensure receipt of e-mail on or before January 15, 2010.

BUSINESS RECOMMENDATION

INDIANA AGRICULTURAL LEADERSHIP PROGRAM

This material will be held confidential

All recommendations must be received in the AgrInstitute office postmarked no later than January 15, 2010

BUSINESS RECOMMENDATION FOR _____

To the Applicant:

This recommendation form should be given to the person you think is in the best position to comment on the nature and scope of your potential as a leader. Do not use relatives as recommenders.

To the Recommender:

The Indiana Agricultural Leadership Program is intended for persons who have demonstrated leadership potential. AgrInstitute requests your assistance in evaluating this candidate through your frank appraisal of his/her abilities and attitudes. Please direct your comments toward the applicant's own capabilities. This recommendation will be held in **strict confidence**, and should be returned **directly to AgrInstitute** as quickly as possible in order for the candidate's application to be considered.

I know the applicant: Thoroughly Fairly Well Superficially

State nature and duration of knowing the applicant: _____

Instructions for checking 1 to 6: *Superior* denotes a conspicuous excellence of this candidate. *Excellent* is a strong rating. *Good, Fair, and Not Acceptable* are self-explanatory.

	Superior	Excellent	Good	Fair	Not Acceptable
1. Esteem in which he/she is held by associates					
2. Ability to communicate					
3. Demonstrated leadership					
4. Potential for growth through this program					
5. Ability to work with others					
6. Overall assessment of leadership potential					

(Over)

Name of Applicant

We would appreciate your frank, confidential statement based on your knowledge of the applicant. Please indicate your reasons for believing that the applicant will benefit through his or her participation in the Indiana Agricultural Leadership Program.

Signature of Recommender: _____

Please type or Print:

Recommender: _____

Title/Occupation: _____

Mailing Address: _____

Phone Number: _____

Email address: _____

Thank you for completing this recommendation.

Please return to:
AgrInstitute, Inc.
72 ½ West Main Street
Danville, IN 46122
Email: beth@agriinstitute.org
317-745-0947 phone
317-745-0956 fax
www.agriinstitute.org
by January 15, 2010

PERSONAL RECOMMENDATION

INDIANA AGRICULTURAL LEADERSHIP PROGRAM

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PERSONAL RECOMMENDATION FOR _____

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Mailing Address: _____

Phone Number: _____

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Thank you for completing this recommendation.

Please return to:
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EMPLOYER'S COMMITMENT

INDIANA AGRICULTURAL LEADERSHIP PROGRAM

AUTHORIZATION STATEMENT FROM EMPLOYER OF CANDIDATE

Investment in leadership training cannot be done by a few people; many people must become involved. Your employee has indicated interest in the Indiana Agricultural Leadership Program, which would involve commitment to the following schedule. As his/her employer, we ask that you make a commitment to support this individual. Participants of our program are required to attend **100%** of **ALL seminars**. Therefore, it will be necessary for this candidate, if selected, to be away from his/her position to attend. **Your commitment is a significant contribution to this program.** The dates of the seminars are:

Seminar 1	July 8-10, 2010	Seminar 7	July 7-9, 2011
Seminar 2	September 9-11, 2010	Seminar 8	September 8-10, 2011
Seminar 3	December 2-4, 2010	Seminar 9	Dec. 1-3, 2011
Seminar 4	January 13-15, 2011	Seminar 10	January 12-14, 2012
Seminar 5	Feb. 27-March 5, 2011	Seminar 11	Feb. 18-March 3, 2012
Seminar 6	April 7-9, 2011	Seminar 12	April 19-21, 2012

YES, I understand _____ will be away from my
(applicant's name)

company for twelve seminars during the dates indicated above.

YES, he/she has my authorization to participate in the Indiana Agricultural Leadership Program.

Employer's Signature _____

Employer's Name _____

Title/Company _____

Business Address _____

Phone _____

Email _____

SPOUSE SUPPORT COMMITMENT

INDIANA AGRICULTURAL LEADERSHIP PROGRAM

Please Print or Type

1. Name _____
2. How long have you been married to the candidate? _____
3. Number of children _____ Please give names and ages _____

4. Why would you like to see your spouse selected to participate in the Indiana Agricultural Leadership Program?

YES, I understand that my spouse will be attending twelve overnight (2 nights or more) seminars if selected to participate in the Indiana Agricultural Leadership Program.

I fully support my spouse's interest in the Indiana Agricultural Leadership Program.

Signature _____ Date _____

APPLICATION

INDIANA AGRICULTURAL LEADERSHIP PROGRAM

Please Print or Type. You may attach a copy of your resume that includes the requested information.

Date _____

1. Full Name _____
Last Name *First Name* *Middle Name*

2. Mailing Address _____
City *Zip Code* *County*

3. Home Address _____
City *Zip Code* *County*

4. Business Address _____
City *Zip Code* *County*

5. Telephone: Home _____ Business _____ Fax _____

6. Marital Status Single Married E-Mail _____

7. Date of Birth _____ Place of Birth _____ US Citizen Yes No
month/day/year *city/state*

8. List all school attended including high schools, college(s) and/or short courses.

Name of School *Attendance Dates* *Graduation Date* *Degree* *Major/Minor Field*

Other (describe)

9. Current Occupation _____

Company or Firm Name _____

Position _____

Commodities/Products/Services _____

10. PROFESSIONAL/CAREER EXPERIENCE: (use separate sheet if necessary)

Please list and describe your full-and part-time professional experience. If you are involved in farming, please include crops, location, size and related data.

Dates Employed _____ Company _____ Location _____ Business Type _____ Your Responsibilities _____

11. Military Service: Branch _____ Rank _____
Dates Served: From _____ to _____

12. Indicate your past and current membership and offices held in organizations, including high school, college, agricultural, civic, church, governmental and fraternal.

Organization _____ How Long a member?(give dates) _____ Office held, if any (give dates) _____

13. List awards and honors you have received. (attach additional page if necessary)

Organization or Grantor _____ Award or Honor _____

14. Why would you like to participate in the Indiana Agricultural Leadership Program? (200 words or less) Attach page.

15. List four references (two business and two personal) whom we may contact to assess your potential for leadership in the agricultural industry. Unless you indicate otherwise, it is assumed these people will be the same persons you ask to be recommenders.

Name: _____ Title/Position: _____
Address: _____ City: _____ Zip: _____
State: _____ Telephone: _____ email: _____

Name: _____ Title/Position: _____
Address: _____ City: _____ Zip: _____
State: _____ Telephone: _____ email: _____

Name: _____ Title/Position: _____
Address: _____ City: _____ Zip: _____
State: _____ Telephone: _____ email: _____

Name: _____ Title/Position: _____
Address: _____ City: _____ Zip: _____
State: _____ Telephone: _____ email: _____

APPLICANT COMMITMENT

I have read the program brochure published by AgrIInstitute outlining requisites, including program seminar dates, for my participation in the Indiana Agricultural Leadership Program and give my permission for contact of the references supplied. I hereby certify that all statements made in this application are true and complete. I agree and understand that any inaccurate statements or omission of material facts herein will cause disqualification of my application. I understand that selection of applicants is the sole responsibility of the Selection Committee, AgrIInstitute, Inc.

If I am accepted as a participant in the Indiana Agricultural Leadership Program, I agree to pay fees according to the published schedule and to fully participate (100% attendance) in the Indiana Agricultural Leadership Program.

Signature _____ Date _____

Printed Name _____

COMPLETED APPLICATIONS SUBMITTED BY MAIL, FAX OR ELECTRONICALLY TO:

AGRIINSTITUTE
72 ½ WEST MAIN STREET
DANVILLE, IN 46122
beth@agriinstitute.org
317-745-0947 phone
317-745-0956 fax

ALL SIGNATURES MUST BE ACTUAL SIGNATURES, SUBMITTED ON PAPER, VIA FAX OR VIA SCAN.

POSTMARKED/ELECTRONIC CONFIRMATION NOT LATER THAN

JANUARY 15, 2010