

# PERSONAL 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 21, 2022 (electronic submission is acceptable/preferred, beth@agriinstitute.org).*

PERSONAL 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrated Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Potential for growth through this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Overall</b> assessment of leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(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: \_\_\_\_\_

Employer: \_\_\_\_\_

Business/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Thank you for completing this recommendation.**

Please return to:  
**AgrIInstitute, Inc.**  
**PO Box 249**  
**Danville, IN 46122**  
Email: [beth@agriinstitute.org](mailto:beth@agriinstitute.org)  
**317-745-0947 phone**  
**317-745-0956 fax**  
**www.agriinstitute.org**

**by January 21, 2022**