

# APPLICATION

## INDIANA AGRICULTURAL LEADERSHIP PROGRAM

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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: Mobile \_\_\_\_\_ Business \_\_\_\_\_ Home \_\_\_\_\_

6. Preferred Email: \_\_\_\_\_

7. Marital Status  Single  Married

8. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ US Citizen  Yes  No

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

<i>Name of School</i>	<i>Attendance Dates</i>	<i>Graduation Date</i>	<i>Degree</i>	<i>Major/Minor Field</i>
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Other (describe)

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10. Current Occupation

Company or Firm Name \_\_\_\_\_

Position \_\_\_\_\_

Commodities/Products/Services \_\_\_\_\_

If you have Farm/Production and Off-Farm Employment (or similar dual career roles), Please describe your involvement/responsibilities in these roles:

**11. 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
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**12. Military Service:**                      **Branch** \_\_\_\_\_ **Rank** \_\_\_\_\_

**Dates Served:**                      **From** \_\_\_\_\_ **to** \_\_\_\_\_

**13. Indicate your past and current membership and offices held in organizations, including high school, college, agricultural, civic, church, governmental and fraternal. (attach additional pages if necessary)**

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

**14. List professional awards and honors you have received. (attach additional page if necessary)**

Organization or Grantor \_\_\_\_\_ Award or Honor

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

16. Please list foreign countries where you have traveled and approximate dates of travel period. Please indicate whether travel was for business or pleasure.

17. Please list all form of electronic communication tools you are familiar with and/or use regularly. (smart phone, tablet, social media, etc.)

18. 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.

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Name:	Title/Position:	
Address:	City:	Zip:
State:	Telephone:	Email:

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## 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. I give my permission for this application and all attachments to be copied and shared with the Selection Committee, only, for the sole purpose of review in the selection process. Following the selection process, the application may either be returned to applicant or destroyed. The application will not be retained by AgrIInstitute once the selection decision has been completed.

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  
PO Box 249, DANVILLE, IN 46122  
[beth@agriinstitute.org](mailto: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 (preferred), however electronic signatures also accepted.**

**POSTMARKED/ELECTRONIC CONFIRMATION NOT LATER THAN**

**JANUARY 19, 2024**

**How did you learn about the Indiana Agricultural Leadership Program?**

- \_\_\_\_\_ media (newspaper, news source)
- \_\_\_\_\_ information meeting
- \_\_\_\_\_ website
- \_\_\_\_\_ farm/rural/commodity organization
- \_\_\_\_\_ ALP graduate (name/s) \_\_\_\_\_
- \_\_\_\_\_ direct mailing
- \_\_\_\_\_ farm or trade show
- \_\_\_\_\_ other (please specify) \_\_\_\_\_