

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, including electronic signatures.
- If you are not self-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. Electronic signatures accepted.
- 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. Electronic signatures accepted.
- Two** Personal and **two** Business Recommendation forms are to be completed and returned **directly to AgrIIstitute** 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 AgrIIstitute. A statewide committee will screen all applications. AgrIIstitute will notify each applicant of his or her acceptance to the program.
- Up to 30 applicants may be accepted for each class. If applicants are not accepted, they are **encouraged to reapply** for another class.
- Submit Application and its components to AgrIIstitute postmarked/digital date **NOT LATER** than January 19, 2024. Applications may be submitted by e-mail (preferred). It is the candidate's responsibility to ensure submission is completed by this 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: 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.

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

Other (describe)

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.

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. 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
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) _____

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 19, 2024 (electronic submission is acceptable/preferred, beth@agriinstitute.org)

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	<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. Overall 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:
AgrInstitute, Inc.
PO Box 249
Danville, IN 46122
Email: beth@agriinstitute.org
317-745-0947 phone
317-745-0956 fax
www.agriinstitute.org
by January 19, 2024

PERSONAL RECOMMENDATION

INDIANA AGRICULTURAL LEADERSHIP PROGRAM

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PERSONAL RECOMMENDATION FOR _____

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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. Overall 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.

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by January 19, 2024

EMPLOYER'S COMMITMENT

INDIANA AGRICULTURAL LEADERSHIP PROGRAM

AUTHORIZATION STATEMENT FROM EMPLOYER OF CANDIDATE

This commitment must be received in the AgrlInstitute office postmarked no later than January 19, 2024 (electronic submission acceptable/preferred, beth@agriinstitute.org).

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 11-13, 2024	Seminar 7	July 10-12, 2025
Seminar 2	September 5-7, 2024	Seminar 8	September 4-6, 2025
Seminar 3	December 5-7, 2024	Seminar 9	December 4-6, 2025
Seminar 4	January 9-11, 2025	Seminar 10	January 8-10, 2026
Seminar 5	February 16-22, 2025	Seminar 11	February 15-28, 2026
Seminar 6	April 3-5, 2025	Seminar 12	April 9-11, 2026

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 _____