

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 19, 2024 (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. 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
beth@agriinstitute.org
317-745-0947 phone
317-745-0956 fax
www.agriinstitute.org

by January 19, 2024