

**APPLICATION FOR WINNEBAGO-BOONE FARM BUREAU
INTERNSHIP PROGRAM**

Summer 2018 (300 hours)

NAME _____ SOCIAL SECURITY NUMBER _____

DATE _____ PHONE (____) _____ EMAIL _____

HOME ADDRESS _____
street city state zip county

SCHOOL ADDRESS _____
street city state zip

DATES OF BREAK __/__/__ TO __/__/__ DATE OF HIGH SCHOOL GRADUATION __/__/__

HIGH SCHOOL ATTENDED _____ LOCATION _____

OVERALL HIGH SCHOOL GRADE AVERAGE _____

HIGH SCHOOL RANK IN CLASS _____

COLLEGES ATTENDED OR CURRENTLY ENROLLED IN

NAME _____ LOCATION _____ DATES _____

NAME _____ LOCATION _____ DATES _____

COLLEGE GRADE POINT AVERAGE _____ EXPECTED DATE OF GRADUATION _____

COLLEGE/HIGH SCHOOL EXPERIENCES

ORGANIZATIONS/ACTIVITIES (PLEASE INCLUDE OFFICE HELD OR RESPONSIBILITY) _____

SCHOLARSHIPS/HONORS RECEIVED _____

OTHER CIVIC/CHURCH/ACTIVITIES _____

RELEVANT COURSE WORK _____

WORK EXPERIENCE (LIST MOST RECENT FIRST) _____

SUMMARIZE YOUR EXPERIENCE IN AGRICULTURE/AGRIBUSINESS _____

WHAT OTHER ACTIVITIES DO YOU ENJOY (HOBBIES)? _____

CAREER GOALS _____

WHAT IS YOUR FIELD OF STUDY? HOW DOES IT RELATE TO YOUR CAREER GOALS?

HOW WILL AN INTERNSHIP PROGRAM ASSIST YOU IN YOUR CAREER DEVELOPMENT? _____

EXPLAIN YOUR INTEREST IN AN INTERNSHIP WITH WINNEBAGO-BOONE FARM BUREAU

***Please include a sealed transcript of your college/university academic record.**

THE FARM BUREAU MAY USE THE FOLLOWING IN A PRESS RELEASE TO AREA MEDIA:

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Number of family members _____ Number in College _____

I solemnly declare that the foregoing answers are true and correct to the best of my knowledge and belief.

Signature of Applicant Date

FOR SUMMER INTERNSHIP CONSIDERATION, RETURN BY APRIL 3, 2018.
FOR WINTER OR SPRING INTERNSHIPS, PLEASE RETURN APPLICATION AT LEAST 30 DAYS PRIOR TO
BEGINNING OF ACADEMIC BREAK.

HAVE **TWO** PERSONAL RECOMMENDATIONS SENT SEPARATELY BY INDIVIDUALS TO:

WINNEBAGO-BOONE FARM BUREAU
INTERNSHIP PROGRAM
1925 S. MERIDIAN ROAD
ROCKFORD, IL 61102

**WINNEBAGO-BOONE FARM BUREAU
INTERNSHIP PROGRAM
PERSONAL RECOMMENDATION**

Intern's Name _____ Date _____

To the Recommender:

The Winnebago-Boone Farm Bureau Internship Program is designed for persons who have demonstrated leadership potential in agriculture. The Board of Directors requires your recommendation before a candidate will be considered.

Please direct your evaluation to the applicant's own capability, potential, and commitment to agriculture and his/her community. Please return by **April 13, 2018** to: Winnebago-Boone Farm Bureau, 1925 S Meridian Road, Rockford, IL 61102.

1. How long have you known the applicant? _____

2. How well do you know the applicant?

_____ Thoroughly _____ Fairly Well _____ Superficially _____ Not at all

3. Describe nature of contact with applicant:

4. In evaluating the following categories, "superior" would be used sparingly and only when truly warranted. "Excellent" is a strong rating, "good", "fair", and "poor" are self-explanatory.

	<u>Superior</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
a. Esteem in which he/she is held in community	_____				
b. Ability to communicate	_____				
c. Demonstrated leadership	_____				
d. Potential for growth through this program	_____				
e. Ability to work with others	_____				
f. Objectivity: Analyzing new ideas	_____				
g. Overall assessment of leadership potential	_____				

(over)

CONFIDENTIAL

Based on your contact and experience with the applicant, please state why you believe the applicant and agriculture would benefit by his/her participation in a Winnebago-Boone Farm Bureau Internship Program.

Describe one outstanding personal quality of this individual.

Signature of
Recommender _____

Address City County State Zip Code Phone

Return by to:

**Winnebago-Boone Farm Bureau
Internship Program
1925 S Meridian Road
Rockford, IL 61102
Fax: 815-962-0022
Email: wfbmanager@live.com Subject: Internship**

**Summer Application deadline:
April 13, 2018**