## APPLICATION FOR WINNEBAGO-BOONE FARM BUREAU INTERNSHIP PROGRAM

Winter Break 2016-17 (100 hours) Spr (Please check the Internship period(s) for	ing Break 2017 (30 hours)					
NAME	SOCIAL SECURITY NUMBER					
DATE PHONE ( )	EMAIL					
HOME ADDRESS						
street	city	state zip county				
SCHOOL ADDRESS	city	state zip				
DATES OF BREAK// TO//	-	-				
HIGH SCHOOL ATTENDED						
OVERALL HIGH SCHOOL GRADE AVERAGE		-				
COLLEGES ATTENDED						
NAME LOCATION		DATES				
NAMELOCATION_		DATES				
COLLEGE GRADE POINT AVERAGE	EXPECTED DATE OF GRA	DUATION				
<u>COLLEGE/HIC</u>	<u>GH SCHOOL EXPERIENCES</u>					
ORGANIZATIONS/ACTIVITIES (PLEASE INCLU	UDE OFFICE HELD OR RESPO	NSIBILITY)				
SCHOLARSHIPS/HONORS RECEIVED						
OTHER CIVIC/CHURCH/ACTIVITIES						
RELEVANT COURSE WORK						
	PCT)					
WORK EXPERIENCE (LIST MOST RECENT FIR						

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:

Occupation

Father's Name\_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name

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 FEBRUARY 10, 2017.** 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	
Interns Name	Dale	

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 February 10, 2017 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 al

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>	Excellent	<u>Good</u>	Fair	Poor
a. Esteem in which	he/she is held in community					
b. Ability to commur	nicate					
c. Demonstrated lea	adership					
d. Potential for grow	th through this program					
e. Ability to work wit	h others					
f. Objectivity: Analy	zing new ideas					
g. Overall assessme	ent 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 February 10,	2017 to:		
	Interns 1925 S Rockfc Fax: 8′	bago-Boone Fari ship Program Meridian Road ord, IL 61102 I5-962-0022			
	Email:	wbfbmanager@	live.com S	ubject: Internsh	ip