APPLICATION FOR WINNEBAGO-BOONE FARM BUREAU INTERNSHIP PROGRAM

Winter Break 2017-18 (100 hours) Sprin (Please check the Internship period(s) for v	•	
NAMES	OCIAL SECURITY NUMBER	
DATE PHONE()	EMAIL	
HOME ADDRESS		
street	city	state zip county
SCHOOL ADDRESS	city	state zip
DATES OF BREAK/ TO//	·	Ĩ
HIGH SCHOOL ATTENDED		
OVERALL HIGH SCHOOL GRADE AVERAGE		
COLLEGES ATTENDED		
NAMELOCATION		DATES
NAMELOCATION		DATES
COLLEGE GRADE POINT AVERAGE	_EXPECTED DATE OF GRAD	UATION
	LACHOOL EVERNENCES	
	H SCHOOL EXPERIENCES	
ORGANIZATIONS/ACTIVITIES (PLEASE INCLU	DE OFFICE HELD OR RESPON	ISIBILITY)
SCHOLARSHIPS/HONORS RECEIVED		
OTHER CIVIC/CHURCH/ACTIVITIES		
RELEVANT COURSE WORK		
	T \	
WORK EXPERIENCE (LIST MOST RECENT FIRS		

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.

Occupation _____

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

Occupation _____

Father's Name_____

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 23, 2018. FOR WINTER OR SPRING INTERNSHIPS, PLEASE RETURN APPLICATION AT LEAST 30 DAYS PRIOR TO BEGINNING OF ACADEMIC BREAK.

HAVE $\underline{\mathbf{TWO}}$ 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					
	Interns 1925 S Rockfo Fax: 8	Winnebago-Boone Farm Bureau Internship Program 1925 S Meridian Road Rockford, IL 61102 Fax: 815-962-0022 Email: <u>wbfbmanager@live.com</u> Subject: Internship				
	Su	mmer Applicatio February 23,		:		
		er/Spring Applica or to the beginnin				