APPLICATION FOR WINNEBAGO-BOONE FARM BUREAU INTERNSHIP PROGRAM

	17-18 (100 hours) Spring B Please check the Internship period(s) for which					
NAME	SOCIAL SECURITY NUMBER					
DATE	PHONE()	EMAIL				
HOME ADDRESS _						
	street	city	state zip county			
SCHOOL ADDRESS	street	city	state zip			
DATES OF BREAK	// TO// DA	TE OF HIGH SCHOOL GRA	DUATION//			
HIGH SCHOOL AT	TENDED	LOCATION_				
OVERALL HIGH SO	CHOOL GRADE AVERAGE					
HIGH SCHOOL RA	NK IN CLASS					
COLLEGES ATTENDED						
NAME	LOCATION		DATES			
NAME	LOCATION		DATES			
COLLEGE GRADE	POINT AVERAGEE	XPECTED DATE OF GRADI	UATION			
ORGANIZATIONS/	COLLEGE/HIGH SO	CHOOL EXPERIENCES OFFICE HELD OR RESPON:	SIBILITY)			
SCHOLARSHIPS/H	ONORS RECEIVED					
OTHER CIVIC/CHU	JRCH/ACTIVITIES					
RELEVANT COURS	SE WORK					
WORK EXPERIENCE	CE (LIST MOST RECENT FIRST)					

SUMMARIZE YOUR EXPERIENCE IN AGRICULTURE/AGRIBUSINESS	<u> </u>
WHAT OTHER ACTIVITIES DO YOU ENJOY (HOBBIES)?	
CAREER GOALS	
WHAT IS YOUR FIELD OF STUDY? HOW DOES IT RELATE TO YOUR	R CAREER GOALS?
HOW WILL AN INTERNSHIP PROGRAM ASSIST YOU IN YOUR CARE	ER DEVELOPMENT?
EXPLAIN YOUR INTEREST IN AN INTERNSHIP WITH WINNEBAGO-I	BOONE FARM BUREAU
*Please include a sealed transcript of your college/university academic record.	
THE FARM BUREAU MAY USE THE FOLLOWING IN A PRESS REI	LEASE TO AREA MEDIA:
Father's NameOccupation	
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 FEBRUARY 24, 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				
To the Recommender:						
The Winnebago-Boone Farm Bureau Internship Pr leadership potential in agriculture. The Board of D candidate will be considered.						
Please direct your evaluation to the applicant's own and his/her community. Please return by February 1925 S Meridian Road, Rockford, IL 61102.						
How long have you known the applicant?						
2. How well do you know the applicant?						
Thoroughly Fairly Well		_ Superficially	_	No	ot 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.						
a. Esteem in which he/she is held in community	<u>Superior</u>	Excellent	<u>Good</u>	Fair	<u>Poor</u>	
•						
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

Winnebago-Boone Farm Bureau Internship Program 1925 S Meridian Road Rockford, IL 61102							
	Return	by February 24,	2017 to:				
Address	City	County	State	Zip Code	Phone		
Signature of Recommender							
Describe one outsta	nding personal quali	ty of this individua	al.				
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Based on your conta agriculture would be	act and experience we nefit by his/her partic	vith the applicant, cipation in a Winr	please stat nebago-Boo	e why you believ one Farm Bureau	re the applicant ar Internship Progra	id am.	

Fax: 815-962-0022 Email: <u>wbfbmanager@live.com</u> Subject: Internship