

APPLICATION FOR WINNEBAGO-BOONE FARM BUREAU 2024 INTERNSHIP PROGRAM

NAME					
DATE PHONE_()	EMAIL			
HOME ADDRESSstreet		city	state	zip	county
		·		Г	
SCHOOL ADDRESSstreet		city		st	ate zip
DATES OF BREAK// TO_	// DA	TE OF HIGH SCHOOL G	RADUATION_	/_	/
HIGH SCHOOL ATTENDED		LOCATION_			
OVERALL HIGH SCHOOL GRADE	AVERAGE				
HIGH SCHOOL RANK IN CLASS					
COLLEGES ATTENDED					
NAMEL	OCATION		DATES		
NAMEL	OCATION		DATES		
COLLEGE GRADE POINT AVERAG	EEXP	ECTED DATE OF GRAD	UATION		
ORGANIZATIONS/ACTIVITIES (PL			,		
OTHER CIVIC/CHURCH/ACTIVITIE	ES				
RELEVANT COURSE WORK					
WORK EXPERIENCE (LIST MOST I	RECENT FIRST)				

SUMMARIZE YOUR EXPERIENCE IN AGRICULTURE/AGRIBUSIN	IESS
WHAT OTHER ACTIVITIES DO YOU ENJOY (HOBBIES)?	
CAREER GOALS	
WHAT IS YOUR FIELD OF STUDY? HOW DOES IT RELATE TO YO	OUR CAREER GOALS?
HOW WILL AN INTERNSHIP PROGRAM ASSIST YOU IN YOUR CA	AREER DEVELOPMENT?
EXPLAIN YOUR INTEREST IN AN INTERNSHIP WITH WINNEBAC	GO-BOONE FARM BUREAU
*Please include a sealed transcript of your college/university academic THE FARM BUREAU MAY USE THE FOLLOWING IN A PRESS	
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 INTERNSHIP CONSIDERATION, RETURN BY MARCH 1ST.

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
To the Recommender:	
	ogram is designed for persons who have demonstrated irectors requires a recommendation before a candidate
Please direct your evaluation to the applicant's own and his/her community. Please return by March 1925 S Meridian Road, Rockford, IL 61102.	n capability, potential, and commitment to agriculture 1st to Winnebago-Boone Farm Bureau,
How long have you known the applicant?	
2. How well do you know the applicant?	
Thoroughly Fairly Well	Superficially Not at all
3. Describe the nature of contact with applicant:	
4. In evaluating the following categories, "superior warranted. "Excellent" is a strong rating, "good", "for the strong rating, "good", "for the strong rating,"	
	<u>Superior</u> <u>Excellent</u> <u>Good</u> Fair <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

	Internsh 1925 S M Rockfor Fax: 815	Winnebago-Boone Farm Bureau Internship Program 1925 S Meridian Road Rockford, IL 61102 Fax: 815-962-0022 Email: wbfbmanager@winnebagoboonefarmbureau.org				
	Return t	o:				
Address	City	County	State	Zip Code	Phone	
Signature of Recommender						
2's sat sa af						
Describe one outstanding	g personal quality	y of this individua	al.			
Based on your contact a agriculture would benefit	nd experience wi by his/her partic	th the applicant, ipation in a Winn	please stat ebago-Boo	e why you believ ne Farm Bureau	e the applicant ar Internship Progra	id m.

Application deadline: March 1st



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Address	City	County	State	Zip Code	Phone	
Signature of Recommender						
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