



APPLICATION FOR WINNEBAGO-BOONE FARM BUREAU
2023 INTERNSHIP PROGRAM

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

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 INTERNSHIP CONSIDERATION, RETURN BY MARCH 1ST.

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 a 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 March 1st** 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 the 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>	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

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 to:

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

**Application deadline:
March 1st**



WINNEBAGO-BOONE FARM BUREAU
INTERNSHIP PROGRAM
PERSONAL RECOMMENDATION

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