

Leadership Idaho Agriculture

APPLICATION

*To educate and equip a network of leaders
who advocate for Idaho agriculture.*

PROGRAM OBJECTIVES:

1. Improve personal leadership skills, enhance self-confidence, and develop agriculture and natural resource awareness.
2. Encourage a network of leaders to take an active leadership role in community, state, and national issues.
3. Promote Idaho agriculture and the development of strong rural communities.
4. Continue to build a network of informed, trained, and motivated rural leaders in Idaho.

PERSONAL DATA

Mr. Mrs. Ms. Name _____ Date _____

Home Address _____

City _____ State _____ Zip _____

Birth Date ____ / ____ / ____ Spouse's Name _____

Phone (Cell) _____ Phone (Work) _____

Fax _____ Email _____

Present Employer _____

Business Address _____

City _____ State _____ Zip _____

Type of Business _____

Your Title _____

I prefer to receive correspondence at: Home Business

List prior employment, listing the most recent first:

<u>Employer</u>	<u>City/State</u>	<u>Dates of Employment</u>	<u>Position Held</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

List educational background, including high school, college, university, etc. Please begin with your highest degree or latest accomplishment.

<u>School</u>	<u>Dates Attended</u>	<u>Degree or Accomplishment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

RECOMMENDATIONS

Please attach two (2) letters of recommendation. The letters need to address why you should be selected to participate in the Leadership Idaho Agriculture Program. Complete the following information about the people submitting your letters of recommendation:

RECOMMENDATION LETTER #1

Name _____ Title/Position _____

Address _____

City _____ State _____ Zip _____ Phone _____

RECOMMENDATION LETTER #2

Name _____ Title/Position _____

Address _____

City _____ State _____ Zip _____ Phone _____

REFERENCES

Please list three (3) personal references, different from the individuals listed in the “Recommendations” section, that may be contacted. Complete the following information for each of your references:

PERSONAL REFERENCE #1

Name _____ Title/Position _____

Address _____

City _____ State _____ Zip _____ Phone _____

PERSONAL REFERENCE #2

Name _____ Title/Position _____

Address _____

City _____ State _____ Zip _____ Phone _____

PERSONAL REFERENCE #3

Name _____ Title/Position _____

Address _____

City _____ State _____ Zip _____ Phone _____

LEADERSHIP EXPERIENCE

List your past and current leadership involvement - include high school, college, community, government, and employment (feel free to use additional pages of explanation).

<u>Organization</u>	<u>Membership / Service Dates</u>	<u>Your Involvement</u>

ESSAY / VIDEO

Attach a typed essay (one-half to one page) or upload a video at www.leadershipidahoag.org/apply (about 3 minutes) explaining how you would use the LIA experience if you were selected as a participant to contribute to the mission of LIA as stated on the front of this application.

- 1. Applicants must be **26 YEARS OF AGE** before the first session in Moscow.*
- 2. LIA participants are required to attend **ALL FOUR (4) PROGRAM SESSIONS** in their entirety. Each session is 4-5 days in length. Graduation is contingent upon completion of **ALL FOUR (4) SESSIONS**.*
- 3. A pre-selection interview may be conducted after the initial application is received.*
- 4. Applicants will be considered on individual merit. Preference may be given to individuals directly involved in production agriculture.*

TUITION PAYMENT

Please indicate below how you want your tuition handled:

- I will pay the full tuition amount \$3,000
- My sponsor* will pay the full tuition amount \$3,000
- My sponsor* will pay a partial tuition amount of \$ _____

* Sponsor signature required: _____

PARTICIPATION COMMITMENT

If I am selected as a participant in Leadership Idaho Agriculture, I will attend as a representative of:

Leadership Idaho Agriculture participants must have the support and commitment of their families and employers as well as the sponsoring business or organization. By signing below, your employer agrees to the time commitment of Leadership Idaho Agriculture and you agree to attend every LIA session.

Employer Signature

Date

Employer Signature

Date

Employer Signature

Date

This application, including all required signatures, two (2) letters of recommendation, and the essay/video, MUST be received by August 1.

Return to: Leadership Idaho Agriculture Foundation
55 SW 5th Avenue, Suite 100 ph: 208.888.0988
Meridian, ID 83642 fx: 208.888.4586

OR UPLOAD AT: www.leadershipidahoag.org/apply