

**PART I. GENERAL INFORMATION** (Please PRINT)

Full name \_\_\_\_\_ Preferred name \_\_\_\_\_  
First Middle Initial Last

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Home fax (\_\_\_\_\_) \_\_\_\_\_ Mobile phone (\_\_\_\_\_) \_\_\_\_\_

County \_\_\_\_\_ Preferred Email \_\_\_\_\_ Birthdate (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female

Employer \_\_\_\_\_ Employer's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

Work fax (\_\_\_\_\_) \_\_\_\_\_ Work email \_\_\_\_\_

Communication preferences: Phone Home Mobile Work Email Home Work  
Mailing address Home Work

\_\_\_\_\_ % farm income / \_\_\_\_\_ % off farm income If self-nominating: I am a member of \_\_\_\_\_ County Farm Bureau

Sponsoring/Nominating group

Please describe your off farm employment

Please describe your farming operation

Community activities

**Please indicate how you plan to pay for the program's tuition. (Note: All tuition must be paid in full before April 19, 2019)**

\_\_\_\_\_ I am applying for a \$4,000 OFBF Scholarship. \_\_\_\_\_ I will pay the full tuition myself.  
 Applicant will be responsible for \$500 of tuition.

\_\_\_\_\_ I am being sponsored by another organization; it has agreed to pay the tuition. Organization \_\_\_\_\_

\_\_\_\_\_ The tuition will be shared by myself and another organization/company. Organization/Company \_\_\_\_\_

Percent of tuition cost that is applicant's responsibility \_\_\_\_\_ % / Percent of tuition cost that is organization's responsibility \_\_\_\_\_ %

**PART II. RESPONSE TO ESSAY QUESTIONS** (Responses may be attached on a separate piece of paper.)

Describe, in your own words, what a leader is and how are you a leader?

Why do you want to participate in AgriPOWER?

**PART II. ESSAY CONTINUED**

How do you see yourself applying the knowledge and skills you gain from participating in AgriPOWER?

List one major issue facing agriculture and describe how you would attempt to resolve it.

**PART III. REFERENCES**

You must submit two letters of recommendation. The individuals you select as a reference should address your leadership potential. No family members, please. List the two individuals that supplied your reference letters:

_____	_____
<i>First and Last Name</i>	<i>Relationship</i>
_____	_____
<i>First and Last Name</i>	<i>Relationship</i>

References may send their letter of recommendation directly to OFBF at the address listed below, or you may attach the letters of recommendation to your application.

**PART IV. COMMITMENT TO PARTICIPATE/APPROVALS**

The AgriPOWER program will consist of seven institutes held during the months of July, August, September, November, January, February and March. The seminars will include meals and evening programs; it is anticipated that most institutes will begin at 9 a.m. on the first day of the program and adjourn with lunch on the final day. Participants are expected to attend all institutes. To graduate, participants may have no more than one excused absence. Attendance at the first and last institutes is mandatory. Spouses may not participate in the same class. Must not be a full time college student.

I understand the requirements of the AgriPOWER Institute. I am willing to pay a \$400 participation deposit in addition to AgriPOWER tuition fees. I hereby pledge to devote the time to complete the program, and participate and volunteer in leadership activities after the seminar year. I have discussed the requirements of this program with my spouse (if applicable) and employer (if applicable). Their support is indicated below.

\_\_\_\_\_  
**Candidate's Signature** \_\_\_\_\_  
 Date

SPOUSAL CONSENT *(if applicable)*  
 I have discussed my spouse's participation in the program and understand the level of commitment. I support his/her decision to participate.

\_\_\_\_\_  
**Spouse's Signature** \_\_\_\_\_  
 Date

EMPLOYER'S CONSENT *(if applicable)*  
 I have reviewed the time commitments for this program and agree to support my employee's participation in AgriPOWER. We have come to an agreement on how time away from work to participate will be handled.

_____	_____	_____	_____
<b>Employer's Signature</b>	Employer Name (PRINT)	Title/Position	Date

**APPLICATIONS MUST BE POSTMARKED OR E-MAILED BY APRIL 19, 2019, and mailed to the following address:**

AgriPOWER Institute / Melinda Witten  
 c/o Ohio Farm Bureau Federation  
 P. O. Box 182383  
 Columbus, Ohio 43218-2383

