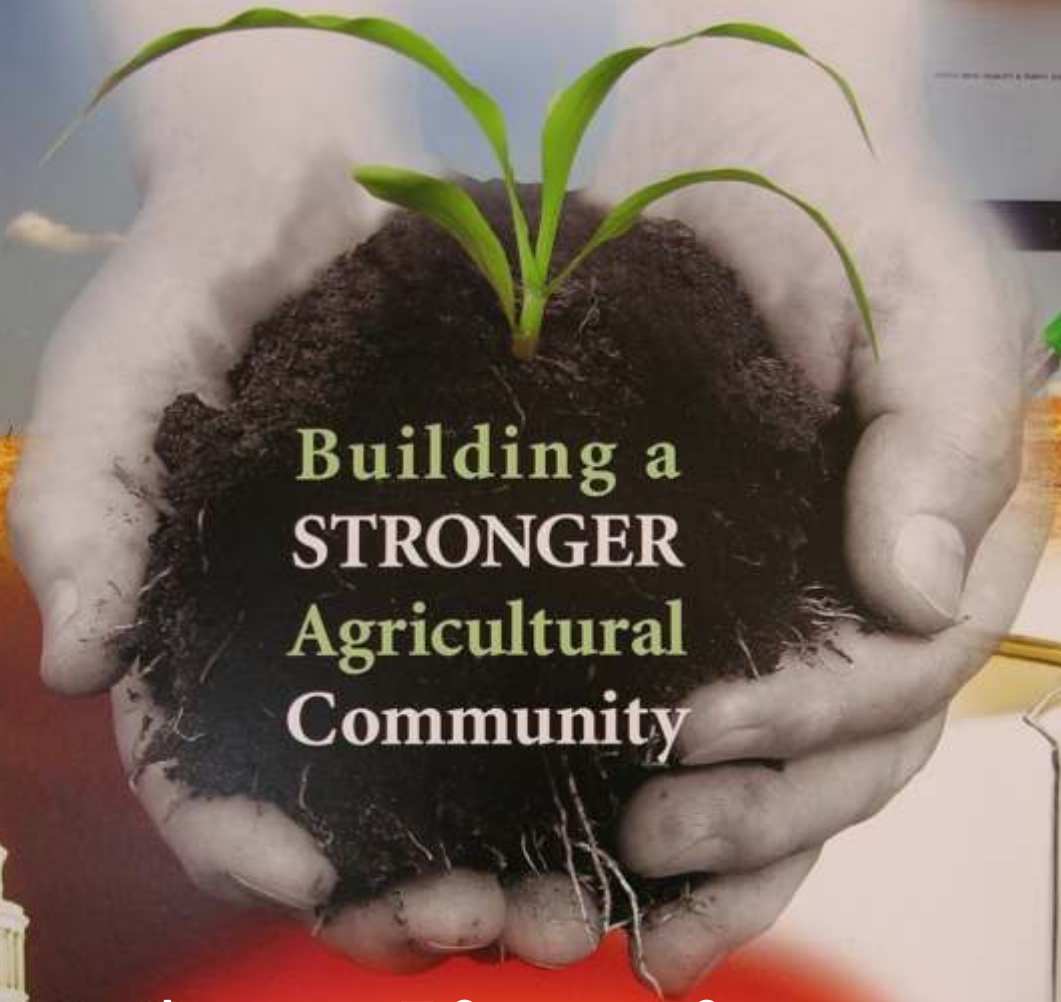




Illinois Agricultural Leadership Foundation



Building a  
**STRONGER**  
Agricultural  
Community

# Application Packet

*Knowledge* | *Insight* | *Vision*





ILLINOIS AGRICULTURAL LEADERSHIP FOUNDATION

## **LETTER FROM THE PRESIDENT**

### **Illinois Agricultural Leadership Program**

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TO: IALP Class of 2012 Applicant

FROM: Joyce Watson, President

RE: Application Form

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Thank you for your interest in the Illinois Agricultural Leadership Program (IALP). The IALP is designed to provide Illinois agricultural leaders the opportunity to increase their understanding of a variety of important issues while acquiring the skills to become more effective spokespersons and decision-makers. We encourage you to complete the application and establish your candidacy.

Please explicitly follow the instructions provided so that your application is complete when returned to our office. All applications must be typed or computer processed. In addition, please review our web site at [www.agleadership.org](http://www.agleadership.org) to further familiarize yourself with the IALP and what is expected of you if selected to participate.

In completing your application, please make sure your employer (if not self-employed) has read and fully understands what is required for you to participate before he/she signs the Employer's Commitment. Please make sure your spouse (if married) has read and fully understands what is required of you to participate and their commitment to the program before he/she signs the Spousal Commitment. Both employer and spouse cooperation in your participation is essential. You will also note two personal (non-work related) and two professional recommendations are required. The appropriate forms should be given to your recommenders for completion and should be mailed by them directly to our office. Please urge early completion by your recommenders. These recommendations, as well as your application, will be confidential.

After all applications are received and screened, interview arrangements will be made. Interviews will be held during June and July. Those selected to participate in the Class of 2012 will be notified by September 1.

Your completed application and recommendations must be received by the Illinois Agricultural Leadership Foundation office no later than March 31st. Be sure your e-mail, business and home mailing addresses, business and home telephone numbers, cell phone, and fax are correct to allow us to contact you for further information and scheduling of an interview if necessary.

The cost of participating in the IALP is \$3,500. This fee can be paid in four payments during the two-year program. Participants have the option of paying the fee personally or soliciting local support.

Thank you for your interest in agricultural leadership, and best wishes with your application for the Class of 2012 of the Illinois Agricultural Leadership Program. You will be most welcome as a candidate. If we can be of further assistance, please contact us at 309.837.7711 or email us at [leaders@macomb.com](mailto:leaders@macomb.com)



ILLINOIS AGRICULTURAL LEADERSHIP FOUNDATION

## INSTRUCTIONS

### Illinois Agricultural Leadership Program

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- Familiarize yourself with the *Illinois Agricultural Leadership Program* by reading the website carefully, noting what is expected of you, if selected.
- Read the entire application before completing.
- Complete all portions of the application. **Applications must be typed or computer processed.** Additional pages may be added when necessary.
- If you are not self-employed, ask your employer to fill out the Employer's Commitment form and return it to you for submission with your application. It is important that your employer be aware of the time commitment of this program.
- If married, your spouse should complete the portion designated as Spouse Supporting Application and return it with applicant's portion.
- Two personal (non-work related) and two professional recommendation forms are to be completed and returned directly to the *Illinois Agricultural Leadership Foundation* by the recommenders. Selection of personal recommenders should be made in terms of their ability to provide the type of information requested on the form. Professional recommenders should be people you have known on a professional level. Be sure your name is on each recommendation sheet before you distribute them to your recommenders.
- Please enclose a recent photograph of yourself for ease of recognition.
- Responsibility for submission of all forms rests with the candidate. Applications that are incomplete or lack a reference response from one of your references will not be considered.
- All applicants will receive acknowledgment of receipt of their application and recommendations from the *Illinois Agricultural Leadership Foundation*. A committee will screen all applications. The *Illinois Agricultural Leadership Foundation* will notify each applicant of his or her acceptance or rejection for the program.
- Up to 30 applicants will be accepted to each class. If applicants are not accepted, they may reapply for another class.
- Return your completed Application, Spouse Supporting Statement, photograph, and Employer's Commitment form, if applicable, **by March 31.**





**ILLINOIS AGRICULTURAL LEADERSHIP FOUNDATION**

9. **EMPLOYMENT HISTORY:** List all career and military experience and dates. Include a detailed description of your present business.



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10. ORGANIZATIONAL INVOLVEMENT AND OTHER ACTIVITIES

Organization                                      How long a member? (Dates)                                      Offices held, if any (Dates)

10a. Of the community organizations above, cite one specific program wherein you personally initiated, developed and played a major leadership role in the completion of the project.

11. Indicate business or pleasure reading in the past year.

Newspapers (read regularly)

Magazines or Journals (read regularly)

Books

Web Sites

Other

12. Indicate foreign travel you have participated in, if any. (Denote if business or pleasure, the country(ies), year(s), etc.)



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13. Why would you like to participate in the Illinois Agricultural Leadership Program? If selected, how would you plan to utilize the knowledge and experience gained through the program?

14. Discuss briefly what you consider to be the most important challenges or issues facing agriculture today. How does this relate to problems in your community? How does this relate to challenges or issues in our nation?

15. In your judgment what are the qualities needed in leadership today?

16. Self-evaluate your own leadership potential. Please be specific.



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17. List the four references who are writing recommendations (two professional and two personal) for you. Please include all information requested below.

**17a. PROFESSIONAL**

Name:  
Title/Occupation:  
Company/Organization:  
Address:  
City/State/Zip Code:  
Telephone:  
Cell:  
E-mail:

17b. Name:  
Title/Occupation:  
Company/Organization:  
Address:  
City/State/Zip Code:  
Telephone:  
Cell:  
E-mail:

**17c. PERSONAL**

Name:  
Title/Occupation:  
Company/Organization:  
Address:  
City/State/Zip Code:  
Telephone:  
Cell:  
E-mail:

17d. Name:  
Title/Occupation:  
Company/Organization:  
Address:  
City/State/Zip Code:  
Telephone:  
Cell:  
E-mail:

18. "I have read the program brochure published by the Illinois Agricultural Leadership Foundation outlining requisites for my participation in the IALP and give my permission for contact of the references supplied. I hereby certify that all statements made in this application are true and complete. I agree and understand that any mis-statements or omission of material facts herein will cause disqualification of my application. I understand that selection of applicants is the sole responsibility of the Board of Directors, Illinois Agricultural Leadership Foundation."

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: If married, attach spouse's supporting application; If not self-employed, attach employer's commitment form; Include recent photograph of yourself and email or mail to:**

**ILLINOIS AGRICULTURAL LEADERSHIP FOUNDATION**  
100 South Campbell Street, P.O. Box 160  
Macomb, IL 61455  
[leaders@macomb.com](mailto:leaders@macomb.com)

Deadline for each application year is March 31.



ILLINOIS AGRICULTURAL LEADERSHIP FOUNDATION

PROFESSIONAL RECOMMENDATION
Illinois Agricultural Leadership Foundation

All recommendations must be received in the Foundation office no later than March 31.

This material will be held confidential.

PROFESSIONAL RECOMMENDATION FOR \_\_\_\_\_

To the Applicant:

This recommendation form should be given to the person you think is in the best position to comment on the nature and scope of your potential as a leader in the field of agriculture. Do not use relatives as recommenders.

To the Recommender:

The Illinois Agricultural Leadership Program is intended for people who have demonstrated leadership potential in agriculture. May we please have your assistance in judging this candidate through your frank evaluation of his/her abilities and attitudes? Please direct your comments toward the applicant's own professional capabilities. This recommendation will be held in strict confidence, and should be returned directly to the Foundation office as quickly as possible, in order for the candidate's application to be considered.

I know the applicant: [ ] Thoroughly [ ] Fairly Well [ ] Superficially

State nature and duration of knowing the applicant.

\_\_\_\_\_

Instructions for checking 1 to 5 Superior denotes a conspicuous excellence of this particular candidate. Excellent is a strong rating. Good, Fair, and Not Acceptable are self-explanatory.

Table with 6 columns: Superior, Excellent, Good, Fair, Not Acceptable. Rows include: Esteem in which he/she is held professionally, Ability to communicate, Demonstrated leadership, Potential for growth through this program, Ability to work with others, Overall assessment of leadership potential.



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## Professional Recommendation pg. 2

\_\_\_\_\_  
Name of Applicant

We would like your frank, *confidential* statement based on your knowledge of the applicant. Please indicate your reasons for believing that the applicant and the agricultural industry in Illinois will benefit through his or her participation in the Agricultural Leadership Program.

Signature of Recommender: \_\_\_\_\_

*Please Print or Type:*

Recommender:

Title/Occupation:

Company/Organization:

Mailing Address:

City/State/Zip:

Telephone:

Cell:

E-mail:

**Thank you for completing this recommendation.**

Please return by March 31 to the  
**Illinois Agricultural Leadership Foundation**  
**100 South Campbell Street, P.O. Box 160**  
**Macomb, IL 61455**  
**309-837-7711**  
**leaders@macomb.com**



ILLINOIS AGRICULTURAL LEADERSHIP FOUNDATION

PERSONAL RECOMMENDATION
Illinois Agricultural Leadership Foundation

100 South Campbell Street, P.O. Box 160,

Macomb, Illinois 61455

All recommendations must be received in the Foundation office no later than March 31.

his material will be held confidential

PERSONAL RECOMMENDATION FOR

To the Applicant:

This recommendation form should be given to the person you think is in the best position to comment on the nature and scope of your potential as a leader in the field of agriculture. This relationship should be outside of your current work place Do not use relatives as recommenders.

To the Recommender:

The Illinois Agricultural Leadership Program is intended for people who have demonstrated leadership potential in agriculture. May we please have your assistance in judging this candidate through your frank evaluation of his/her abilities and attitudes? Please direct your comments toward the applicant's own capabilities as a leader or spokesperson. This recommendation will be held in strict confidence, and should be returned directly to the Foundation office as quickly as possible, in order for the candidate's application to be considered.

I know the applicant: [ ] Thoroughly [ ] Fairly Well [ ] Superficially

State nature and duration of knowing the applicant.

Instructions for checking 1 to 6: Superior denotes a conspicuous excellence of this particular candidate. Excellent is a strong rating. Good, Fair, and Not Acceptable are self-explanatory.

Table with 6 columns: Superior, Excellent, Good, Fair, Not Acceptable. Rows include: Esteem in which he/she is held professionally, Ability to communicate, Demonstrated leadership, Potential for growth through this program, Ability to work with others, Overall assessment of leadership potential.



ILLINOIS AGRICULTURAL LEADERSHIP FOUNDATION

**Personal Recommendation pg. 2**

\_\_\_\_\_  
Name of Applicant

We would like your frank, *confidential* statement based on your knowledge of the applicant. Please indicate your reasons for believing that the applicant and the agricultural industry in Illinois will benefit through his/her participation in the Agricultural Leadership Program.

Signature of Recommender: \_\_\_\_\_

*Please Print or Type:*

Recommender:  
Title/Occupation:  
Company/Organization:  
Mailing Address:  
City/State/Zip:  
Telephone:  
Cell:  
E-mail:

**Thank you for completing this recommendation.**

Please return by March 31 to the  
**Illinois Agricultural Leadership Foundation**  
**100 South Campbell Street, P.O. Box 160**  
**Macomb, IL 61455**  
**309-837-7711**  
**leaders@macomb.com**



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## EMPLOYER'S COMMITMENT

### Authorization Statement From Employer

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Investment in leadership training cannot be done by a few people; many people must become involved. Your employee has indicated interest in our Illinois Agricultural Leadership Program, thus committing himself/herself. As his/her employer, you must **make a commitment** also. Participants of our program must attend **all** seminars. Thus, you need to allow time away from his/her position to attend. Your commitment may be the single most important contribution to this program.

\_\_\_\_\_ Yes, I understand \_\_\_\_\_ will be away  
(applicant's name)

from my company/business for **twelve seminars over a two-year time frame**. Each seminar will be two to three days in length and will be held Wednesday through Friday or Thursday and Friday. In addition, there will be an approximate ten-day national seminar the first year and an approximate two-week international seminar the second year.

\_\_\_\_\_ Yes, he/she has my authorization to participate in the Illinois Agricultural Leadership Program.

\_\_\_\_\_  
Employer's Signature

Employer's Name:

Title:

Company/Organization:

Business Address:

City, State Zip:

Phone:

Cell:

E-mail:



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ATTACH PHOTO HERE



ILLINOIS AGRICULTURAL LEADERSHIP FOUNDATION

**SPOUSE SUPPORTING APPLICATION**  
**Illinois Agricultural Leadership Program**

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*Please Type*

1. Name \_\_\_\_\_
  
  2. Why would you like to see your spouse selected to participate in the Agricultural Leadership Program?
  
  
  
  
  
  
  
  
  
  
  3. How are you presently supporting your spouse in his/her professional and personal life?
  
  
  
  
  
  
  
  
  
  
  4. What are your concerns, if any, regarding your spouse's participation in this program?
  
  
  
  
  
  
  
  
  
  
  5. EDUCATIONAL HISTORY
- | <u>Name of School</u> | <u>Attendance Dates</u> | <u>Degree or Field</u> |
|-----------------------|-------------------------|------------------------|
|-----------------------|-------------------------|------------------------|



ILLINOIS AGRICULTURAL LEADERSHIP FOUNDATION

6. EMPLOYMENT HISTORY - Give dates, where employed, and responsibilities.

7. ORGANIZATIONAL INVOLVEMENT AND OTHER ACTIVITIES

Organization

How long a member? (Give dates)

Offices held, if any

Being a member of the Illinois Agricultural Leadership Program is a team effort between the program participant and the participant's spouse. Although only the participant is allowed to attend the seminars (with the exception of the first and last), the information presented should be taken home by the participant and shared with the spouse. I understand this and pledge my cooperation and support.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## **CHECKLIST**

- I have read all portions of the brochure, application form, website and instructions.
- If not self-employed, I have included an employer's commitment form completed and signed by my employer.
- If married, I have included my spouse's completed and signed spouse supporting application.
- I have distributed two personal (non-work related) and two professional recommendation forms to my recommenders and will follow up to make certain they are returned by my recommenders to the IALF by March 31.
- I have enclosed a recent photograph of myself with my completed application

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Upon completion of all the above items, your application is ready to submit. Please send your completed application to the address below before the March 31 deadline.

**Illinois Agricultural Leadership Foundation  
100 South Campbell, P.O. Box 160  
Macomb, IL 61455-0160**