

**APPLICATION FOR KANE COUNTY FARM BUREAU FOUNDATION
INTERNSHIP PROGRAM**

___ Winter Break 2016-17 (100 hours) ___ Spring Break 2017 (30 hours) ___ Summer 2017 (300 hours)
(Please check the Internship period(s) for which you would like to have your application considered)

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 KANE COUNTY FARM BUREAU FOUNDATION

*Please include a sealed transcript of your college/university academic record.

THE FOUNDATION 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 SUMMER INTERNSHIP CONSIDERATION, RETURN BY FEBRUARY 15, 2017.
FOR WINTER OR SPRING INTERNSHIPS, PLEASE RETURN APPLICATION AT LEAST 30 DAYS PRIOR TO
BEGINNING OF ACADEMIC BREAK.

HAVE TWO PERSONAL RECOMMENDATIONS SENT SEPARATELY BY INDIVIDUALS TO:

KANE COUNTY FARM BUREAU FOUNDATION
EXECUTIVE DIRECTOR
2N710 RANDALL ROAD
ST. CHARLES, IL 60174

**KANE COUNTY FARM BUREAU FOUNDATION
INTERNSHIP PROGRAM
PERSONAL RECOMMENDATION**

Intern's Name _____ Date _____

To the Recommender:

The Kane County Farm Bureau Foundation Internship Program is designed for persons who have demonstrated leadership potential in agriculture. The Foundation Board of Directors requires your 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 February 15, 2017 to: Kane County Farm Bureau Foundation, 2N710 Randall Road, St. Charles, IL 60174.

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 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)

