



Southern University Agricultural Research and Extension Center Small Farmer Agricultural Leadership Institute

LETTER OF RECOMMENDATION

(Applications will not be considered complete without your letter.)

To be completed by applicant: *Please type or print all responses.*

Complete the information above the dotted line. Return all evaluation materials in a sealed envelope with your application. If needed, you may photocopy this blank form.

Applicant's Name _____

I agree that the officials of Southern University shall hold the recommendation I am requesting in confidence, and I thereby waive any rights I may have to examine it.

Applicant's Signature _____

To be completed by recommender

How long and in what capacity have you known the applicant? _____

Please rate the applicant in the following areas.

	Excellent	Good	Average	Poor	Can't Judge
Integrity					
Networking					
Problem Solving					
Communication skills					
Potential for Growth					
Dependability					
Family Support					

Name of Recommender _____

Organization and Title _____

Address _____

Telephone _____ E-mail _____

Signature _____ **Date** _____

Please place this form and your letter in a sealed envelope, sign your name across the flap, and return it to the candidate. We thank you for your willingness to assist in this evaluation.



Southern University Agricultural Research and Extension Center Small Farmer Agricultural Leadership Institute

APPLICATION

APPLICATION DEADLINE: SEPTEMBER 1st

Please complete this application form and mail to:

Dr. Dawn Mellion Patin
SU Agricultural Research and Extension Center
P. O. Box 10010 • Baton Rouge, LA 70813

Applications must be received by September 1, for consideration. Information provided on this form will be used to select participants for the program. Two letters of recommendation, and a statement of interest must be sent with the application. Selected participants will be notified by September 9.

For additional information, call **(225) 771-2242**, Fax **(225) 771-2861** or e-mail: **dawn_mellion@suagcenter.com**

I. BIOGRAPHICAL INFORMATION

Name _____ Sex F M
Last First Mi. (check one)

Address _____
Number and Street City/Town State Zip

E-Mail Address (if available) _____

Date of Birth _____ Age _____

Daytime Telephone _____ Mobile/Cell Number _____

Ethnic Background (Please choose one by placing an "X" in the box:)

- African American
- Southeast Asian
- Pacific Islander
- Other (Specify) _____
- Native American or Alaskan Native
- Hispanic
- Caucasian

II. EDUCATIONAL AND PROFESSIONAL EXPERIENCES

1. List all schools attended including high schools, colleges and/or short courses:

Name of School	Attendance Dates (From — To /Month & Year)	Date of Graduation	Degree Earned

II. EDUCATIONAL AND PROFESSIONAL EXPERIENCES *continued*

2. Present Occupation

Farming Occupation (*please specify*) _____
 Number of years in farming: _____ Full-time
 Part-time

3. How did you get started in farming? _____

4. Describe the farm operation:

<i>Crop(s)</i>	<i>Acres</i>	<i>Livestock or Poultry</i>	<i>Units</i>

5. Percentage of annual income earned from farming: _____

6. Present employer (*or enterprise if self-employed*): _____

7. Briefly describe your agribusiness activities: _____

8. What is your present position and describe your responsibilities? _____

9. Indicate your membership and offices held in organizations including college, agriculture, civic, church, government and fraternal.

<i>Organization</i>	<i>How Long a Member</i> <small>(Give Dates)</small>	<i>Office Held, If Any</i> <small>(Give Dates)</small>

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II. EDUCATIONAL AND PROFESSIONAL EXPERIENCES *continued*

10. List awards and honors you have received

<i>Organization or Grantor</i>	<i>Award or Honor</i>	<i>Date</i>

11. If selected, do you agree to participate fully in the two years of the program?

yes

no

12. Attach a letter of application of about 250 words explaining your reasons for desiring to participate in the Small Farmer Agricultural Leadership Institute. What do you expect to receive from participating in the Institute?

To be signed by Applicant.

The statements made on the applications are true and complete. I have read and understand the objectives of the Small Farmer Agricultural Leadership Institute and I agree to abide by the established rules and regulations for the program.

Applicant

Return by September 1 to:

Dr. Dawn Mellion Patin
SU Agricultural Research and Extension Center
P.O. Box 10010
Baton Rouge, Louisiana 70813



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