



# 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. Please select **ONE** choice for each category.

	Excellent	Good	Average	Poor	Can't Judge
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Networking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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## APPLICATION

Please complete this application form and mail to:

**Kelli Hollins, MBA**

SU Agricultural Research and Extension Center

P. O. Box 10010 • Baton Rouge, LA 70813

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.

For additional information, call: (225) 771-5782; Fax: (225) 771-2861; or email: [kelli\\_hollins@suagcenter.com](mailto:kelli_hollins@suagcenter.com)

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### 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 box below):

- |                                                               |                                                            |
|---------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> African American                     | <input type="checkbox"/> Native American or Alaskan Native |
| <input type="checkbox"/> Southeast Asian                      | <input type="checkbox"/> Hispanic                          |
| <input type="checkbox"/> Pacific Islander                     | <input type="checkbox"/> Caucasian                         |
| <input type="checkbox"/> Other (Specify) <input type="text"/> |                                                            |

## 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

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:

Crop(s)	Acres	Livestock or Poultry	Units

5. Percentage of annual income earned from farming:

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

**II. Educational and Professional Experiences** continued

7. Briefly describe your agribusiness activities:

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

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

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

10. List awards and honors you have received

Organization or Grantor	Award or Honor	Date

11. If selected, do you agree to participate fully in the seven months 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.

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Applicant

Return to:

**Kelli Hollins, MBA**

SU Agricultural Research and Extension Center

P.O. Box 10010

Baton Rouge, Louisiana 70813



“Linking Citizens of Louisiana with Opportunities for Success”