



Agricultural Leadership Program

SIGNIFICANT OTHER FORM

Supporting Application from Candidate's Significant Other

Please type or download fill-able pdf's from website

1. Name _____
last *first* *middle*
2. How long have you been in a relationship with the candidate? _____
3. Names and ages of your children, if applicable
4. Why would you like to see your significant other selected to participate in the Agricultural Leadership Program? 300 Word Limit.



5. Participating in this Program is a time-intensive commitment. How would you help your significant other if s/he is selected for this Program? 300 Word Limit.

6. *I have read the description/curriculum of the Agricultural Leadership Program outlining requisites for participation by my significant other. I hereby certify that all statements made in this application are true and complete.*

Signature _____ Date _____

For questions about the program contact:
Donna Ching at (808) 956-2255 or donnac@hawaii.edu
Pauline Sato at (808) 497-5323 or pauline.sato@gmail.com

When this form is completed, please return to candidate so that it can be included with his/her application material. All applications must be **received or postmarked no later than July 2, 2010.**