

Candidate's name _____

5. Why would you like to see your significant other selected to participate in the Agricultural Leadership Program.

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 _____

When this form is completed, please return to candidate so that it can be included with his/her application material. All applications must be **postmarked no later than March 14, 2008.**