



Candidate's name \_\_\_\_\_

5. Participating in this Program is a time-intensive commitment. How would you help your significant other if s/he is selected for the 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 email it to [Director@agleaderhi.org](mailto:Director@agleaderhi.org) so that it can be included with the applicant's materials. If you are unable to email the form, you may also mail the form to the address below. **All materials must be received no later than January 29, 2018.**

Agricultural Leadership Foundation of Hawai'i  
P.O. Box 342066  
Kailua, HI 96734

**For questions about the program, contact:**  
Christine Brammer at (808) 947-2914 or [Director@agleaderhi.org](mailto:Director@agleaderhi.org).