Agricultural Leadership Program



SIGNIFICANT OTHER FORM

Supporting Application from Candidate's Significant Other

	Please type or download fill-able pdf from website
1.	Your Name_
	last first middle initial
2.	How long have you been in a relationship with the candidate?
3.	What are the 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?

	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.

When this form is completed, please email it to 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.

Signature______Date____

Agricultural Leadership Foundation of Hawaiʻi P.O. Box 342066 Kailua, HI 96734

For questions about the program, contact: Christine Brammer at (808) 947-2914 or <u>Director@agleaderhi.org</u>.