



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
AG BUSINESS DEVELOPMENT DIVISION
2020 MISSOURI AGRIBUSINESS ACADEMY APPLICATION

FOR OFFICE USE ONLY
APPLICANT NO.

APPLICATIONS MUST BE POSTMARKED NO LATER THAN FEBRUARY 1, 2020.

Applicants will be emailed about the result of their written application by March 1, 2020. Semi-finalists will be invited to in-person interviews in March. Please visit www.agriculture.mo.gov for more details about the selection process.

PLEASE TYPE OR PRINT

NAME (FIRST, MIDDLE, LAST)		STUDENT'S HOME EMAIL ADDRESS	
ADDRESS		CITY	STATE ZIP
PRIMARY PHONE <input type="checkbox"/> Home <input type="checkbox"/> Student Cell		COUNTY OF HIGH SCHOOL'S PHYSICAL LOCATION	
NAME OF PARENT(S)/GUARDIAN(S)			
NAME OF HIGH SCHOOL		PHONE NUMBER OF HIGH SCHOOL	
ARE YOU CURRENTLY ENROLLED IN FFA? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF FFA CHAPTER	
NAME OF FFA ADVISOR(S)		EMAIL ADDRESS	
ARE YOU CURRENTLY A 4-H MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF 4-H CLUB	
NAME OF 4-H YOUTH SPECIALIST		EMAIL ADDRESS	
ARE YOU RELATED TO A MISSOURI DEPARTMENT OF AGRICULTURE EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, HOW ARE YOU RELATED?	

ELIGIBILITY CRITERIA: Selected students must be high school sophomores, and an active member of a 4-H club, FFA chapter or from a Missouri farm family.

MISSOURI AGRIBUSINESS ACADEMY STUDENT PARTICIPATION AGREEMENT:

If selected to participate in the Missouri Agribusiness Academy, I hereby agree to adhere to all rules and guidelines as established. The rules and regulations are as follows:

1. I agree not to use or possess any alcoholic beverages or illegal drugs during the Academy functions.
2. I understand and agree that no personal vehicles will be driven by me while at Missouri Agribusiness Academy functions.
3. I agree to actively participate in the meetings, group discussions and tours.
4. I agree to dress and conduct myself in a manner which reflects credit to myself, my family, my school and the Missouri Department of Agriculture.
5. I agree to adhere to established time schedules. Example: arrivals, departures, meetings, wake-ups and lights out.
6. I agree to complete all work assigned in conjunction with the Missouri Agribusiness Academy.
7. I agree to be compassionate to fellow participants and to aid in the unity of the Missouri Agribusiness Academy.
8. I agree that, upon completion of the Missouri Agribusiness Academy, I will help promote the Academy by presenting programs to my classmates, area FFA chapters, 4-H clubs and other civic groups as my work and school schedules permit.
9. I certify that I am a high school sophomore, am active in a 4-H club, FFA chapter or from a Missouri farm family.

FAILURE TO ABIDE BY THESE RULES WILL RESULT IN UNSATISFACTORY COMPLETION OF THE ACADEMY WITH OFFICIAL NOTIFICATION GOING TO YOUR PARENTS AND HIGH SCHOOL PRINCIPAL.

APPLICANT NAME	DATE	APPLICANT SIGNATURE
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I. Indicate your past and current membership and offices held in four organizations including high school, agricultural, community, church, or youth groups. Also, briefly describe one way that your active participation and/or leadership contributed to the success of the organization.

ORGANIZATION	LENTH OF MEMBERSHIP (INCLUDE DATES)	OFFICE HELD (INCLUDE DATES)
A.		
A. HOW DID THE ORGANIZATION BENEFIT FROM YOUR MEMBERSHIP? (I.E. INITIATIVE TAKEN, PROJECTS COMPLETED, ETC.)		
B.		
B. HOW DID THE ORGANIZATION BENEFIT FROM YOUR MEMBERSHIP? (I.E. INITIATIVE TAKEN, PROJECTS COMPLETED, ETC.)		
C.		
C. HOW DID THE ORGANIZATION BENEFIT FROM YOUR MEMBERSHIP? (I.E. INITIATIVE TAKEN, PROJECTS COMPLETED, ETC.)		
D.		
D. HOW DID THE ORGANIZATION BENEFIT FROM YOUR MEMBERSHIP? (I.E. INITIATIVE TAKEN, PROJECTS COMPLETED, ETC.)		

II. List awards and honors you have received.

ORGANIZATION/GRANTOR	AWARD/HONOR	DATE

III. Describe your 4-H or FFA projects and highlight any part-time jobs or responsibilities you have. If you come from a family farm, please describe the farm and detail your specific responsibilities.

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IV. Briefly explain your educational and career goals. How do you expect participation in the Missouri Agribusiness Academy will help you reach your personal and professional aspirations?

V. Why would you like to participate in the Missouri Agribusiness Academy? What personal qualities make you an ideal candidate?

VI. What do you believe is the greatest challenge facing Missouri agriculture? What can agriculturalists do to resolve the issue?

VII. What is something you recently learned about the agriculture industry that deeply impacted your thinking? Why?

VIII. To be completed by high school counselor or principal.

Student ranks _____ in a class of _____ students after _____ semesters.
Number Number Number

GPA _____ Current GPA scale (Ex: 4.0, 5.0, 6.0, etc) _____
Number Number

I certify that the applicant is a high school sophomore and consent to and support their participation in the Missouri Department of Agriculture's Missouri Agribusiness Academy.

NAME/TITLE

NAME OF SCHOOL

SIGNATURE

DATE

MISSOURI AGRIBUSINESS ACADEMY RELEASE

WHEREAS, the Missouri Department of Agriculture, Agriculture Business Development Division sponsors the Missouri Agribusiness Academy for selected high school sophomores.

WHEREAS, the undersigned desires to participate and engage in the Missouri Agribusiness Academy.

WHEREAS, I/we hereby consent to and support his/her participation in the Missouri Agribusiness Academy. I/we understand that he/she will be required to travel at his/her expense to and from Jefferson City, Missouri, to attend the Kansas City tour on June 1 – 5, 2020.

THEREFORE, in consideration of allowing said student to participate and engage in the Missouri Agribusiness Academy with the Missouri Department of Agriculture, I/we the undersigned fully realizing the possible results of said participation, either directly or indirectly, nevertheless, do release and forever discharge the Missouri Department of Agriculture, its Director, employees and designated chaperones, from all damages or causes of action either at law or equity, which I/we may have or acquire, or which may accrue to me/him/her, my/his/her heirs, administrators, executors or assigns, as a result of participation in the Missouri Agribusiness Academy.

I/we intend this to be a complete release and discharge and I/we intend hereby to release and forever discharge said person, and the Missouri Department of Agriculture, from all liability whatsoever. It is clearly understood by all parties to this instrument that no representations have been made to me/us regarding the safety of participants of the Missouri Agribusiness Academy. Furthermore, I/we do hereby expressly stipulate and agree in consideration of the right to participate in such program and hold forever harmless the Missouri Department of Agriculture, its Director, employees and designated chaperones and its/their successors and assigns, heirs, executors and administrators, against loss from any and all claims that may arise from participation in the Missouri Agribusiness Academy.

MOTHER'S SIGNATURE	DATE	FATHER'S SIGNATURE	DATE
APPLICANT'S SIGNATURE	DATE	LEGAL GUARDIAN (IF APPLICABLE) SIGNATURE	DATE

RETURN COMPLETED APPLICATION ALONG WITH 3 LETTERS OF RECOMMENDATION TO:

Missouri Department of Agriculture
Missouri Agribusiness Academy
P.O. Box 630
Jefferson City, MO 65102
Phone: (573) 751-4339

Visit our website at **agriculture.mo.gov** for additional applications.

Hearing impaired Missourians can contact the department through Relay Missouri 1-800-735-2966 (TT/TDD)

APPLICATIONS MUST BE POSTMARKED BY NO LATER THAN FEBRUARY 1, 2020.

INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT 3 LETTERS OF RECOMMENDATION WILL NOT BE CONSIDERED.



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PERSONAL RECOMMENDATION FOR

This recommendation form is only a template. Recommenders may submit personalized recommendation letters. It is the applicant's responsibility to include three recommendation letters with their application.

To the Applicant:

This recommendation form should be provided to individuals who are qualified to comment on the nature and scope of your potential as a future leader in the field of agriculture. DO NOT use relatives as recommenders. Suggested recommenders: FFA Advisor, High School Counselor, High School Principal, Banker, 4-H Specialist, 4-H Club Leader or other agricultural related leaders.

To the Recommender:

The Missouri Agribusiness Academy Program is intended for students who have demonstrated potential agriculture leadership abilities and your comments will be used to assist in the evaluation and judging process. Please base your comments on your knowledge of the applicant and provide reasons the applicant and Missouri's agricultural industry will benefit through his/her participation in the Missouri Agribusiness Academy.

I KNOW THE APPLICANT BY

Nature: _____ (FFA Advisor, 4-H Specialist, High School Counselor, etc.)

PLEASE TYPE OR PRINT COMMENTS

RECOMMENDER NAME

RECOMMENDER SIGNATURE

MAILING ADDRESS

CITY

STATE

ZIP CODE

THANK YOU FOR COMPLETING THIS RECOMMENDATION.

PLEASE RETURN RECOMMENDATION TO APPLICANT. IT IS THE APPLICANT'S RESPONSIBILITY TO INCLUDE THREE (3) RECOMMENDATIONS WITH APPLICATION POSTMARKED NO LATER THAN FEBRUARY 1, 2020.