

NORTH CAROLINA TOBACCO TRUST FUND COMMISSION AGRICULTURAL LEADERSHIP DEVELOPMENT PROGRAM

*Administered by the NC Agricultural Foundation, Inc., College of Agriculture and Life Sciences
NC State University*

Dr. Blake Brown, Program Director; Email: blake_brown@ncsu.edu; Telephone: 919.515.4536
Dr. W. K. (Bill) Collins, Assistant; Email: bill_collins@ncsu.edu; Telephone: 919.513.2944
Carolyn Bunn, Administrative Assistant; Email: carolyn_bunn@ncsu.edu; Telephone: 919.513.0857

Application For 2014-16 Program October 2014 – March 2016

*Applications are due **May 15, 2014**. The completed application should be mailed to Dr. Blake Brown, c/o Carolyn Bunn, CALS Advancement, NCSU, Box 7645, Raleigh, NC 27695-7645 and emailed to NCTTFCALDP2016@ncsu.edu. The completed application must be signed by the applicant and the County Extension Director in the applicant's county of residence and, if applicable, the applicant's supervisor. Application is open to North Carolina residents only.*

The last pages are for references. Enter your personal information on the first reference page, then print 3 copies of each page and give them to your references to be completed and mailed to Dr. Blake Brown, c/o Carolyn Bunn, CALS Advancement, NCSU, Box 7645, Raleigh, NC 27695-7645

1. Full Name* (Mr./Mrs./Ms./Miss)	Last:	First:	Middle:
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**Provide name as shown on driver's license*

2. Street Address:			
City:	State:	Zip:	County:

3. Email Address:			

4. Home Phone: []**	Work Phone: []	Cell Phone []
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***Indicate order of preference for phone contact by placing numbers 1-3 in the brackets by the phone numbers*

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5. Education: (Begin with most recent)			
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<u>Name of School</u>	<u>Attendance Dates</u>	<u>Graduation Date</u>	<u>Degree or Certification</u>

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6. Type of Business Organization or Enterprise (check one): Partnership [] Corporation [] Full Tenant [] Owner-Operator []			
7. List of Current Agricultural-related Operations			
<i>Crop</i>	<i>Acres</i>	<i>Livestock or Poultry</i>	<i>Units</i>
8. List your Significant <u>Sources</u> of Income (e.g. equipment dealer, teacher, etc). Do <u>not</u> list dollar amounts.			
<i>Yours</i>	<i>Spouse's</i>		
9. Indicate Your Membership and Offices Held in Agricultural, Community and Other Organizations, etc. (Needed for preparation of a pictorial directory for your approval before publishing.)			
<i>Organization</i>	<i>Dates of membership</i>	<i>Offices Held (if any)</i>	
10. Awards and Recognitions Received			
<i>Organization/Grantor</i>	<i>Award/Recognition</i>	<i>Date</i>	

11. List Three (3) Issues Facing Your Local Community. Briefly Describe Why These Issues Are Important.		
A.		
B.		
C.		
12. Attach a letter of about 250 words explaining your principal reasons for desiring to participate in the North Carolina Tobacco Trust Fund Commission Agricultural Leadership Development Program. What do you expect to be able to do as a result of participation?		
13. List three (3) references who are qualified to provide information on your potential contribution to this program. (Note: you are to fill in your name and the reference name on a form and provide it to each of your references for them to complete and send to <i>Dr. Blake Brown, c/o Carolyn Bunn, CALS Advancement, NCSU, Box 7645, Raleigh, NC 27695-7645</i>)		
<i>Name/Email Address</i>	<i>Address</i>	<i>Telephone</i>
(1)		
Email Address:		
(2)		
Email Address:		
(3)		
Email Address:		
16. Names of several previous participants in the CALS Agricultural Leadership Development Program you may have discussed the program with: _____		

17. My family, business partner(s) and/or supervisor understand the commitment of time and effort I will make if I participate in the program.

I understand that a major time commitment is required for participation in this program. Sessions will be held in October 2014, November 2014, December 2014 and January 2015. In addition sessions will be held in October 2015, November 2015, and December 2015. Also there will be a one-week legislative study tour to Washington, DC; a one-week U.S. study tour; a 12-day international study tour; and a graduation session in March 2016 (approximately 50 days over two years).

Applicant Signature: _____ Date: _____

Supervisor Signature (if applicable): _____ Date: _____

County Extension Director in County of Residence

Signature: _____ Date: _____

The application should be signed by the applicant, the County Extension Director in the applicant's county of residence, and, if applicable, the applicant's supervisor.

The applicant should **mail** the completed application to Dr. Blake Brown, c/o Carolyn Bunn, CALS Advancement, NCSU, Box 7645, Raleigh, NC 27695-7645 **and email** the completed application to NCTTFCALDP2016@ncsu.edu. Applications will be accepted through **May 15, 2014**.

Dr. Blake Brown, Director
c/o Carolyn Bunn
North Carolina Tobacco Trust Fund Commission Agricultural Leadership Development Program
CALS Advancement
NC State University
Box 7645
Raleigh, NC 27695-7645
Tel: 919.515.4536
e-mail: NCTTFCALDP2016@ncsu.edu

*Note: Each applicant will be notified by *September 1, 2014* whether or not he/she has been selected for the program. All applications will be acknowledged when received via NCTTFCALDP2016@ncsu.edu. If you don't get a response within two weeks after mailing and emailing your application, please email carolyn_bunn@ncsu.edu or telephone: 919.513.0857

NC State University promotes equal opportunity and prohibits discrimination and harassment based upon one's age, color, disability, gender identity, genetic information, national origin, race, religion, sex (including pregnancy), sexual orientation and veteran status.

**NORTH CAROLINA TOBACCO TRUST FUND COMMISSION
AGRICULTURAL LEADERSHIP DEVELOPMENT PROGRAM**

Administered by the NC Agricultural Foundation, Inc., College of Agriculture and Life Sciences (CAL S)
NC State University

Applicant Reference Form

Enter your personal information on this reference page, then print 3 copies of each page and give them to your references to be completed and mailed to Dr. Blake Brown, c/o Carolyn Bunn, CALS Advancement, NCSU, Box 7645, Raleigh, NC 27695-7645

****3 references are required for each applicant***

Name of Reference: _____	Name of Applicant: _____
Email Address: _____	Email Address: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____	Phone: _____

The applicant whose name appears above has applied to be a participant in the North Carolina Tobacco Trust Fund Commission Agricultural Leadership Development Program. The applicant has suggested you as a reference and can provide you an announcement describing the program.

Please answer the attached questions to provide your confidential assessment of the applicant's qualifications. Return this form before May 15, 2014 to:

Dr. Blake Brown
c/o Carolyn Bunn
CAL S Advancement
NC State University
Box 7645
Raleigh, NC 27695-7645
Tel: 919.513.0857
e-mail: NCTTFCALDP2016@ncsu.edu

**NORTH CAROLINA TOBACCO TRUST FUND COMMISSION
AGRICULTURAL LEADERSHIP DEVELOPMENT PROGRAM
APPLICANT REFERENCE FORM**

Name of Applicant: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

The applicant: (circle one for each question)*

1 = Superior; 2 = Excellent; 3 = Good; 4 = Fair; 5 = Poor

1. Demonstrates reasoning ability:

1 2 3 4 5

2. Expresses ideas clearly and concisely:

1 2 3 4 5

3. Demonstrates what level of competence in occupational activities:

1 2 3 4 5

4. Shows potential for leadership:

1 2 3 4 5

1 = Always; 2 = Often; 3 = Occasionally; 4 = Seldom; 5 = Never

5. Works well with others:

1 2 3 4 5

6. Exhibits interest in community/public issues:

1 2 3 4 5

7. Is considered a leader by peers:

1 2 3 4 5

8. Is willing to give time to community or public service:

1 2 3 4 5

9. Additional comments:

_____ Signature _____ Date

*Your response is confidential.

Mail to Dr. Blake Brown, c/o Carolyn Bunn, CALS Advancement, NC State University, Box 7645, Raleigh, NC 27695-7645.