

**Young Farmers of Virginia
Outstanding Young Agribusiness Person Award
Application**

1. General Information

Candidate's name _____

Address _____

Young Farmer Association _____

Date of birth _____ Place _____ Age _____

Spouse's name _____

Children's names _____ Age _____

_____ Age _____

_____ Age _____

2. Employment Information

Self-employed _____ Other _____

Name of business or company where employed _____

Company address _____ No. of employees _____

Kind of business or service provided _____

Job: Owner _____ Manager _____ Supervisor _____ Employee _____

Personal management responsibilities _____

Financial management responsibilities _____

Other responsibilities _____

Progress and/or contribution to the company _____

Plans for the future _____

3. Activities and Organizations

Young Farmer _____

Agribusiness _____

Civic _____

Religious _____

Cooperatives _____

4. Extent of Training for Employment in Agricultural Business _____

5. Role of Cooperatives in Business or Part-Time Farming Operation _____

6. Spouse's Role, if Applicable, in Agricultural Business Employment _____

7. Complete Job Description (attach) _____

8. Additional Information _____

The candidate may present any other information necessary to explain his or her agribusiness program.

Signed _____
YF President or other officer

Advisor