



# 2010 Application

Applications for the 2010 class must be received in the KLA office by December 15, 2009.

## APPLICATION INSTRUCTIONS:

- Please type or print in blue or black ink.
- Complete the application in the space provided. Additional attachments will not be accepted.

Name: \_\_\_\_\_ Spouse Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

- Home
- Work
- Cell
- Home
- Work
- Cell

County: \_\_\_\_\_  Male  Female

Are you currently enrolled in an institution of higher learning?  Yes  No

If so, please list your permanent address and phone:

\_\_\_\_\_

## ACADEMIC INFORMATION

College/University attended: \_\_\_\_\_ Major: \_\_\_\_\_

Are you a current KLA member?  Yes  No

Have you completed the NCBA Masters of Beef Advocacy Program?  Yes  No

## KLA ACTIVITIES

List the county KLA organization and/or member that nominated you (if applicable):

County KLA \_\_\_\_\_ Member's Name: \_\_\_\_\_

Please indicate any KLA activities in which you have participated:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> KJLA Member          | <input type="checkbox"/> KLA Leadership Conference | <input type="checkbox"/> KLA Legislative Meeting |
| <input type="checkbox"/> KJLA Officer         | <input type="checkbox"/> KLA Convention            | <input type="checkbox"/> KLA Field Day           |
| <input type="checkbox"/> KLA County Committee | <input type="checkbox"/> KLA Co. Director/Chairman | <input type="checkbox"/> Other _____             |

**AGRICULTURE-RELATED ACTIVITIES**

List any agriculture clubs or activities in which you have participated, including any leadership roles:

---

---

---

---

List any agriculture-related jobs you have held:

---

---

---

**ADDITIONAL QUESTIONS**

Why are you interested and willing to participate in the KLA Young Stockmen’s Academy, and what do you expect to learn from this experience?

---

---

---

---

How will this experience influence your future goals in the agriculture industry?

---

---

---

Please describe your agricultural career plans: \_\_\_\_\_

---

---

List your current employer or occupation: \_\_\_\_\_

**VERIFICATION BY APPLICANT:**

I hereby certify the statements recorded in this application are true and accurate. I understand that attendance is vital to successful completion of the KLA Young Stockmen’s Academy and will devote the time and resources necessary to complete the program.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_