



2020 Application

Applications for the 2020 class must be received in the KLA office by December 16, 2019.

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: _____

- Home
- Work
- Cell

E-mail: _____ Alternate Phone: _____

- 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"/> KLA Roundtable Meeting | <input type="checkbox"/> KLA Leadership Conference | <input type="checkbox"/> KLA Legislative Meeting |
| <input type="checkbox"/> KLA County Meeting | <input type="checkbox"/> KLA Convention | <input type="checkbox"/> KLA Field Day |
| <input type="checkbox"/> KLA County Committee | <input type="checkbox"/> KLA County Chair | <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 _____