



Fellowship Application

This Information will be reviewed by a board for approval. By filling this application out you are consenting to a background check. Please attach your DD214 to this application for review.

Personal Information:

Salutation : _____

First Name: _____ Last Name: _____

Email Address: _____

Address Line 1: _____

City, State, Zip _____

Country : _____

Phone Number: _____ Cell Phone: _____

Driver License Number: _____

Social Security Number: _____

Date of Birth : _____

Married: Yes _____ No _____

Children: Yes _____ No _____

Names and Ages: _____

Service Information:

Branch of Service: Army____ Navy ____Marines____ Air force_____

Coast Guard _____ Military Spouse_____

Service Status: _____

Rank: _____ Type of Discharge:_____

Service Start Date: _____ Service End Date: _____

Injury Date: _____

Type of
Injury: _____

VA Rating: _____

Farming background

Have you worked for a farming or agribusiness before? _____

What were your duties/job? _____

Organization: _____

Location: _____

Date: _____

Description: _____

Work History

Organization: _____

Location: _____

Date: _____ to _____

Description: _____

Duties _____

Work History

Organization _____

Location _____

Date: _____ to _____

Description _____

Duties _____

Education and Training

Please list any education, training or certifications that you feel would support you in the field of agriculture

1) _____

2) _____

3) _____

New Beginning Veteran Farmer Training

Please list any skills/ leadership abilities that you have that you feel make you a great candidate for the Veterans Farm new beginning farmer training program. Please be as detailed as possible.

Please list any areas in which you have struggled as a leader in your past work experiences.

How do you feel the 3 month training program will benefit you and your family?

What do you hope to accomplish through your farm and agriculture training with Veterans Farm?

Please list 3 goals you wish to accomplish through your training with Veterans Farm.

- 1) _____
- 2) _____
- 3) _____

Please list any special interest you have that apply to farming.

Do you currently own land or lease land that you are ready to put into production? Yes___ NO___ Please provide details if you answered yes _____

Information contained in this application is being used to conduct a background screen. It will not be used for any other purpose other than review for approval.

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

SSN: _____

Address: _____

Signature: _____ Date: _____

