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## **Application**

Applicant Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## **Personal Information**

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Citizenship:       United States Citizen       Not a United States Citizen  
                          Colorado Citizen, if no then what State \_\_\_\_\_

Have you ever been convicted of a felony?       No       Yes

Gender:       Male       Female

Marital Status:       Married       Single       Divorced       Separated

Spouse's/ Significant Other's Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_

Ages of Children: \_\_\_\_\_

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## EDUCATION

*List all schools attended, including high school, college and/or short courses:*

High School attended and year graduated: \_\_\_\_\_

College/ Trade School Attended: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Degree Earned and Year Graduated: \_\_\_\_\_

Additional Degrees and Education: \_\_\_\_\_

How did you learn about CALP? \_\_\_\_\_

Do you know anyone personally who has gone through CALP as a participant? If so, who? \_\_\_\_\_

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## OCCUPATIONAL EXPERIENCE

Current Position/Title: \_\_\_\_\_

Current Occupation/Duties/Responsibilities: \_\_\_\_\_

Company, Farm or Ranch Name: \_\_\_\_\_

Commodities/Service/Products Provided: \_\_\_\_\_

Other Comments: \_\_\_\_\_

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## AGRICULTURE PRODUCTION EXPERIENCE (if applicable)

Rank commodities produced in order of predominance  
Please detail your full-time or part-time production (farming, ranching, managing)  
agricultural experience and operation size.

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**AGRI-BUSINESS WORK EXPERIENCE  
(if applicable)**

Please detail any non-production or agribusiness experiences related to agriculture (e.g., agchemicals, ag-education, ag-sales, etc.) List most recent first.

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Dates Employed \_\_\_\_\_

Company \_\_\_\_\_

Location \_\_\_\_\_

Type of Business \_\_\_\_\_

Position \_\_\_\_\_

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**NON-AGRICULTURAL WORK EXPERIENCE  
(if applicable)**

Please detail experiences and association with agriculture or rural communities.

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## ORGANIZATION AND COMMUNITY EXPERIENCE

Indicate your past and current membership and offices held in organizations, including college and technical institute, agricultural, civic, church, governmental and military. (Include only last 6 years.)

Organization \_\_\_\_\_

Dates of Membership \_\_\_\_\_

Offices Held/ Committees/Responsibility \_\_\_\_\_

List awards and honors you have received \_\_\_\_\_

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## PERSONAL INTERESTS

List three books, articles, movies, people or speakers that have given you useful insights during the past year.

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your foreign travel, if any. Indicate countries visited, travel dates and purpose of travel.

Country Visited \_\_\_\_\_

Travel Dates \_\_\_\_\_

Purpose \_\_\_\_\_

Name the three best times of the year (in order of preference) for you/your family/operation for you to be away at a 10-14 day international study seminar. List month names.

(1st) \_\_\_\_\_

(2nd) \_\_\_\_\_

(3rd) \_\_\_\_\_



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## ESSAY SECTION

Please answer the following questions.

1. Discuss an important issue facing agriculture or rural communities in our state. Discuss one specific idea that you have in addressing this issue. (250 words or less)
  
2. Why would you like to participate in the CALP program? (250 words or less)
  
3. If selected for the CALP Program how would you plan to utilize the knowledge and experience gained? (250 words or less)
  
4. What role do you see CALP playing in the future of CO agriculture? (250 words or less)



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**COLORADO AGRICULTURAL LEADERSHIP PROGRAM**

**Application Agreement Form  
Class XVI 2023 - 2025**

**The CALP program is a huge commitment of time. My signature below indicates my willingness to make the commitment of full participation and attendance.**

**Furthermore, I agree that once any tuition fees have been paid, there is no refund, full or partial.**

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**Applicant's Signature**

**Date**

**This page must be returned with the application.**

**Email to:  
Dani@coloagleaders.org**

**Mail to:  
Colorado Agricultural Leadership Program  
PO Box 1183  
Cortez, CO 81321**



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**COLORADO AGRICULTURAL LEADERSHIP PROGRAM**

Supporting Application by Spouse/Significant Other of Candidate

Name of Applicant: \_\_\_\_\_

Name of spouse/significant other: \_\_\_\_\_

How do you help your spouse/significant other in his or her business? \_\_\_\_\_

\_\_\_\_\_

Why would you like to see your spouse/significant other selected to participate in this program? \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_