

Please follow the checklist to ensure all documents are included in the application and you are knowledgeable of the application process. The program will be accepting the most qualified applicants for VALOR Class IV.

Download the VALOR application and save it to your computer.
The application is savable as you are encouraged to work on the application in sections.
Another suggestion is to complete the short answer questions in a Word document and copy and paste
the response into the PDF application.
We ask that your spouse or significant other complete the last section of the application to ensure their
support of your participation in the program.
The second part of the application includes a calendar of seminar dates, participant commitment form,
business partner commitment form, and employer commitment form. These forms should be brought
to the interview with original signatures.
Please consider the posted calendar dates and your availability before applying to the program. It is
expected that class members attend all seminars and extreme cases be approved by the program
director at the beginning of the program. Any pre-anticipated conflicts with the seminar dates should
be discussed with the director prior to submission.
Employer and business commitment forms will need to be signed upon submission of the application.
Attach the application in an email to VALOR@vt.edu by Monday, April 30, 2018 by midnight.
A confirmation email will be sent within 72 hours of submission.

Please contact Program Director Megan Seibel Ph.D. at (540) 231-2375 or valor@vt.edu for any questions about the program, application, or interview process.

Interview and Application Process

- Members of the VALOR Advisory Council will review your application and individuals selected for interviews will be contacted in late May to schedule an interview time and location in June or July. An email with this information will be sent to the email address that is provided in the application.
- Check the <u>VALOR website</u>, <u>Facebook</u>, and <u>Twitter</u> for updates on the application process.
- An announcement of VALOR Class IV Fellows will be made by Wednesday, August 1, 2018.



APPLICATION FORM

1.	Full name					
	(Last name)	(First nam	ie)	(Mid	dle name)	
2.	Home mailing address					
	City	Zip Code		_ State		
3.	Phone	E-mail		_ Fax		
4.	County	5. Mar	ital status			
6.	Date of birth					
7.	List all schools attended including high schools, colleges, and /or short courses.					
	Name of School	Attendance Dates	Graduation Date		Degree/Cert. Earned	
8.	Primary occupation					
9.	Total number of years in you	r present occupation: Full-	time	Part-tim	ne	
10.	How did you get started in th	is occupation?				

11.	Em	ployment status:			
	A.	Self-employed			
		Name of business/organization			
		Title or position			
		Mailing address		Zip Code	
		Phone	Fax		
	В.	Not Self-employed/Other Name of business/organization			
		Title or position			
		Mailing address		Zip Code	
		Phone	Fax		

Please answer Part A if self-employed or Part B if not self-employed.

Part A: Self-Employed

a. Briefly describe the type of enterprise including commodities, products, or services (major one first), size of operation, and number of employees in addition to you.

b. Briefly describe your responsibilities in this operation.



c.	What other employment or work-related activities do you currently have or have had in the last year?
d.	What percentage of your operation do you (and your spouse) currently own?
e.	What percentage of total annual net income is earned from this operation?
f.	What other employment have you held in previous years?
	Dates Employer Title
En	d of Part A
Pa	art B: Not Self-Employed/Other
a.	Name of supervisor:
b.	Briefly describe the type of enterprise or organization of your employer.



d.	Briefly describe your responsibilities in your present position.
e.	What previous positions have you held with the present employer?
f.	List innovative work-related programs in which you have played an active role with your previous and present employers.
g.	How many years have you worked for your present employer?



h.	What employment have you held in previous years other than the present employer?			
	Dates	Employer	Title	
End	d of Part B			
13.	Indicate your membership and offices helegovernmental.	d in organizations including col	lege, professional, civic, church, and	
	Organization	Length of membership	Office held (if any)	



14. From the organizations listed in question 13, identify 2 projects or programs for which you provide
leadership. These can be with more than one organization. Describe what you did to initiate, organize, so
goals, obtain resources, or implement action in each project. Example: As a member of the Count
Development Council, I organized "Visions: 21st Century" planning project with a final report submitted t
the County Commissioner. My contributions to this effect were

Project or Program 1:

Project or Program 2:



Organization or grantor	Award or honor	Date
Indicate professional or leisure reading i	in the past year	
		and a all A
Newspapers (read regularly)	Magazines (read reg	gularly)
-		
Books		ogs, newsletters, etc.)
		ogs, newsletters, etc.)

18. Please list all forms of communication tools you are familiar with and/or use regularly (smart phone, tablet, social media, etc.).



	Name	Activity
Wh	y did you select this person?	
. List	three business and/or personal references	(do not include family members).
A.	Name	Business Phone
	Mailing address	Home Phone
	City	Zip Code
	E-mail	
	Relationship	
В.	Name	Business Phone
В.	Name Mailing address	
В.	Mailing address	Home Phone
В.	Mailing address	Home Phone Zip Code
В.	Mailing address	Home Phone Zip Code
В.	Mailing address City E-mail	Home Phone Zip Code
	Mailing address City E-mail	Home Phone Zip Code
	Mailing address City E-mail Relationship	Home Phone Zip Code
	Mailing address City E-mail Relationship	Home Phone Zip Code Business Phone Home Phone



21. In 500 words or less, please share what you consider to be the most important agricultural issue facing your
community, state, and/or nation. This issue can be broad-based or narrowly-focused.

22. Detail why you would like to participate in the Virginia Agriculture Leaders Obtaining Results (VALOR) Program.

23. How do you plan to use the knowledge, skills, experience, and networks you will gain if you are selected to the program? Please reference our website www.valor.alce.vt.edu for more information about program format and context.



24. Individuals, organizations and companies within agriculture, forestry, and natural resource sectors contribute approximately 75% of the cost of this program. How do you plan to "give back" to these sectors if you are selected for the VALOR program?

25. Support from those around you is critical to your success in VALOR. What personal and community networks have supported you in previous endeavors, and how do you plan to involve these people and resources as a VALOR participant and alumnus?



26.	Is there any other personal or professional information you think the Selection Committee should consider	er
	My signature/typed name below signifies that all information on this application is accurate to the best of	
	knowledge. Further, I am aware of the time and financial commitments required of VALOR participants and had carefully considered all seminar dates and other program information as shared on the website and by program personnel.	
	Signature: Date:	
	Director Contact Information	
	Megan M. Seihel, Ph. D.	

Department of Agricultural, Leadership, & Community Education 175 West Campus Dr., Mail Code 0343 2300 Litton-Reaves Hall, Blacksburg, VA 24061 Email: <u>mseibel@vt.edu</u> 540-231-6941 *office* | 540-315-2249 *cell* | 540-231-3824 *fax*

www.valor.alce.vt.edu



Optional Information

To be completed by applicant's spouse/significant other/personal reference

27.	Full name			
	(Last name)	(First nar	me)	(Middle name)
28.	Email address			
29.	How long have you known	this applicant?		
30.	Names and ages of childre	n (if applicable)		
31.	List schools you have atter	nded including high schools an	d colleges.	
	Name of School	Attendance Dates	Graduation Date	Degree/Cert. Earned
32.	Indicate your membership	and offices held in organization	ons.	
	Organization	Length of me	mbership	Office held (if any)



33. If employed outside of the home, what is your present occupation?

34.	How	have y	you h	elped	this	appl	icant	in	his/h	ner	caree	r?
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35. List three reasons why you would like to see this applicant participate in the Virginia Agriculture Leaders Obtaining Results (VALOR) Program.



Seminar Dates 2018 - 2020* VALOR Class IV

Year 1						
Seminar	Date	Location	Topic			
1	September 21-23, 2018	Blacksburg	Orientation & Understanding Self			
II	November 8-11, 2018	Eastern Shore/Tidewater	Ag Trade & Engaging with Others			
III	January 8-11, 2019	Richmond	Legislative Advocacy & Policy Development			
IV	March 17-22, 2019	Northern Virginia & Washington DC	Urban Agriculture & National Ag Policy			
V	May 15-22, 2019	U.S. National - TBD	Production & Practice: A Comparison of Approaches			
VI	July 18-21, 2019	Southwest	Rural Resiliency & Collaboration			
		Year 2				
VII	September 19-23, 2019	Northern Neck & Bay	Agriculture, Technology, and the Environment			
VIII	November 14-17, 2019	Southside	Addressing Ag Issues			
IX	January 16-19, 2020	Central	Agricultural Vitality			
Х	March 9-24, 2020	International - TBD	Global Dynamics & Opportunities			
XI	May 11-15, 2020	Valley	Dynamic Communication & Legacy Leadership			
XII	July 10-12, 2020	Roanoke	Graduation: Leading the Future by Example			

^{*} Dates may be subject to change/condensing with ample notification and agreement of VALOR Fellows. U.S. Regional destination will be determined by program administration. International destination will be determined by program fellows within certain guidelines.







Participant Commitment Form

VALOR Class IV (2018-2020)

Please enter answers and spaces as needed so completed form is clear and can be photocopied.
I, (participant's printed name), am aware that the VALOR participant fee is \$5,000 and is payable to the Virginia Tech Foundation VALOR Educational Fund, and that a non-refundable \$250 deposit (to be put toward my total fee) is due upon accepting a position in the program.
I am aware that the cost of transportation to and from VALOR seminars, study tour start and return points, and occasional meals are not included in the tuition fee.
If selected, I am willing to be a proactive ambassador for VALOR and assist with activities and promotion both during and after my participation in VALOR. I am aware that a variety of post-graduate services will also be available to me.
I have read VALOR fact sheets, selection criteria, participation commitment sheets, and other program information available online. I understand that participants must make a commitment to participate fully in ALL seminars, study tours and distance education/email activities. Participant handbooks will be provided during the first seminar.
I agree to set aside time outside of formal sessions in preparation for seminars and study tours, related to analysis of issues and topics, and reflective learning.
I understand that there is both a public and corporate investment in this program and that, as a graduate, I must make a commitment to provide leadership for agriculture and natural resources, and rural communities.
I give the VALOR program permission to contact the references supplied. I understand that selection of applicants is the sole responsibility of the organization and program Advisory Council.
By returning the complete application (electronic or hard copy) and participant commitment form (by fax or hard copy with signature), I hereby confirm that I understand and agree to all commitments if selected, and I hereby certify that the statements made in this application are true and complete.
Signature: Date:
HARD COPY MUST BE PROVIDED TO VALOR OFFICE BY MAIL OR FAX

(See page 13 for contact info)







Employer Commitment Form

VALOR Class IV (2018-2020)

AUTHORIZATION STATEMENT FROM EMPLOYER

Your employee is applying to participate in the Virginia Agriculture Leaders Obtaining Results (VALOR) Program, a program through the Virginia Tech College of Agriculture and Life Sciences. VALOR participants must make a commitment of time, energy and finances. As his/her employer, you will also be required to make a commitment. VALOR participants must attend ALL seminars and study tours. You will need to allow him/her time away from work. Your cooperation will be a significant contribution to the program. Investment in leadership training cannot be done by a few people; many must become involved.

Yes, he/she has my authorization to participate in VALOR.

Employer's Name:			
Title:			
Business Name & Address:			
Telephone:	Email:		
Employer's Signature		Date:	

HARD COPY MUST BE PROVIDED TO VALOR OFFICE BY MAIL OR FAX

(See page 13 for contact info)







Business Partner Commitment Form

VALOR Class IV (2018-2020)

STATEMENT OF COMMITMENT FROM BUSINESS PARTNER

Your partner is applying to participate in the Virginia Agriculture Leaders Obtaining Results (VALOR) Program, a program through the Virginia Tech College of Agriculture and Life Sciences. VALOR participants must make a commitment of time, energy, and finances. This may have an impact on your business.

Your understanding and cooperation will contribute to the success of the program. Investment in leadership pays dividends to the entire agriculture industry and requires commitment from those directly involved and those with whom they interact.

Why would you like to see your p	partner selected to participate in VALOR? (Approximately 1	100 words)
employee's name) may be away July, 2020. There will be eight th (approximately 5 days each), a U	iness Partner Commitment Form, I understand from our business for approximately 54 days between Seppree-four day seminars, state and national policy developm Inited States study tour (approximately 6 days), and an intege	tember, 2018 and nent seminars ernational study tour
Name of Business:		
Address:		
Telephone:	Email:	
Employer's Signature	Date:	

HARD COPY MUST BE PROVIDED TO VALOR OFFICE BY MAIL OR FAX

(See page 13 for contact info)

