

Master Farmer Nomination Form

Complete this form as fully as possible. If you have questions, call 317-431-8766 or email tbechman@farmprogress.com.

SECTION 1: Background and Current Status

Candidate's Name _____ Spouse _____

Address (including zip code) _____

Phone (home) _____ (cell) _____ (spouse's cell) _____

E-mail _____

A. Joint Nomination Information

1. Are both candidate and spouse part of the farming operation? _____
2. Would you like them named jointly? _____
3. Why do you believe this should be a joint nomination? _____

4. Do you instead prefer the candidate to be recognized solely in press coverage and on plaque instead of with a spouse? _____

Ages _____ Years in farming _____ How did nominee(s) start farming? _____

Acres: Owned _____ Rented _____ Operated _____

Acres In: Corn _____ Soybeans _____ Other _____

Livestock? _____ Describe: _____

Does candidate or spouse work off-farm? (Describe) _____

Credit Source _____

Contact Name _____ Phone() _____

Full-time employees (by name): _____

List candidate's children (include age, spouse's name, location, occupation) _____

SECTION 2: Farming operation (attach more sheets if necessary)

A. Describe cropping program. Discuss tillage systems cover crops, row width, plant population, herbicide and insecticide, crop marketing innovations, specialty crops raised (if any), use of precision farming or bio-technology.

B. What has the nominee(s) done to conserve natural resources and protect water quality? Include both tillage practices and conservation measures installed on the farm.

C. Describe nominee's livestock program in detail (if applicable). If nominee does not have livestock, did they at one time? Please specify.

Section 3: Service responsibilities (attach more sheets if necessary)

A. List candidate's activities and service in farm organizations, local government, church, extension, soil conservation, and other community organizations. Where applicable, list dates of service and offices held. (If this is a joint application, please list accomplishments for each person separately.)

B. What qualities qualify this person(s) to be a MASTER FARMER?

NOTE: Supporting letters are required. You may submit a **MAXIMUM of SIX** letters.

Signature of Nominator _____

Printed Name _____

Address _____

Phone() _____ Cell _____

Email _____

Position _____

Send to: **Indiana Prairie Farmer**, PO Box 247, Franklin, IN 46131 (**Must be postmarked by FEBRUARY 15**)