

# PENNSYLVANIA YOUNG FARMERS ASSOCIATION

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## YOUNG FARMER AND/OR SPOUSE COMMUNITY SERVICE AWARD

Due by: January 15<sup>th</sup>  
Submit to: Britney Marsh  
6404 Salem Park Circle  
Mechanicsburg, PA 17050  
BMarsh216@comcast.net

### PURPOSE:

To recognize a young farm (and/or agribusiness) person or couple for outstanding community service. To stimulate young farm (and/or agribusiness) persons or couples to participate and accept leadership roles in all types of community service.

### APPLICATION SUBMISSION CHECKLIST:

- \_\_\_ Send completed application to Britney Marsh by January 15<sup>th</sup>. If question does not apply to your operation or involvement please mark - N/A (Not Applicable). **Use additional pages if necessary.** A chapter may submit only one application in each category.
- \_\_\_ A series of **no less than twelve (12) slides** must be submitted with this application. These slides should include pictures of the family, farmstead, major enterprises, equipment, activities, innovations, items of interest, and others. **Only slides done in powerpoint on a disk will be accepted.**
- \_\_\_ Submit a 5-minute descriptive script that corresponds with the slides. Scripts longer than 5 minutes will be edited.
- \_\_\_ A paper copy of the slides on disk must be submitted. Copy can be either black and white or colored.

### ELIGIBILITY CHECKLIST:

- \_\_\_ Contest open to singles or couples. Applicant must be a member of a Young Farmer program; spouse may or may not be a member.
- \_\_\_ State dues must be paid on or before April 1 of the year application is submitted.
- \_\_\_ Applicant was not a prior state winner in this category.

### AWARDS:

- Chapter winners will compete for state honors.
- The State winning individual or couple will receive a plaque and a cash award.

### BASIS OF SELECTION:

The selection of the young farm (and/or agribusiness) person or couple will be determined by their participation in local community agriculture, civic, charitable, church, political, social organizations and activities during the past five consecutive calendar years preceding the State YFA Institute.

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Member's Name:  
Address:

Telephone Number:  
E-mail Address:  
County:  
PYFA Region:

Spouse's Name:  
Children's Names / Ages:  
Chapter Name / Address:  
Young Adult Farmer Coordinator Name:  
Address:

Acreage of entire farm: Acreage cropped:  
Types of crops grown:

Kinds and Numbers of Livestock:

Dairy – Cows:	Dairy – Young stock:	Beef Cattle:
Poultry – Layers:	Poultry – Meat:	Sheep:
Swine – Market hogs:	Swine – Breeders:	Horses:
Other:		
Types of Agribusiness:		
Kind of clients served:		

Please provide the names of six different organizations, as well as the leaders name and address that may be used for references:

<u>Organization</u>	<u>Leader</u>	<u>Address</u>

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Please list your involvement in the following categories. Provide name of organization, number of years you have been a member, the committees you have served on, and the offices (elected or appointed) you have held. *Use involvement during the past five years only.*

## **FARM OR RELATED AGRICULTURE ORGANIZATIONS**

**# Years**

<b>ORGANIZATION NAME:</b>	<b>Member:</b>	
<b>Committees:</b>		
<b>Offices Held:</b>		

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<b>Offices Held:</b>		

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## **CHURCH**

**# Years**

ORGANIZATION NAME:	Member:	
Committees:		
Offices Held:		

## **SCHOOL ORGANIZATIONS**

**# Years**

ORGANIZATION NAME:	Member:	
Committees:		
Offices Held:		

ORGANIZATION NAME:	Member:	
Committees:		
Offices Held:		

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## **CIVIC CLUBS**

**# Years**

ORGANIZATION NAME:	Member:	
Committees:		
Offices Held:		

ORGANIZATION NAME:	Member:	
Committees:		
Offices Held:		

## **CHARITY DRIVES**

**# Years**

ORGANIZATION NAME:	Member:	
Committees:		
Offices Held:		

ORGANIZATION NAME:	Member:	
Committees:		
Offices Held:		

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## **AGRICULTURE COOPERATIVES**

**# Years**

ORGANIZATION NAME:	Member:	
Committees:		
Offices Held:		

ORGANIZATION NAME:	Member:	
Committees:		
Offices Held:		

## **POLITICAL ORGANIZATIONS**

**# Years**

ORGANIZATION NAME:	Member:	
Committees:		
Offices Held:		

ORGANIZATION NAME:	Member:	
Committees:		
Offices Held:		

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**YOUNG FARMERS ORGANIZATIONS**

**# Years**

ORGANIZATION NAME:	Member:	
Committees:		
Offices Held:		

**OTHER COMMUNITY ORGANIZATIONS**

**# Years**

ORGANIZATION NAME:	Member:	
Committees:		
Offices Held:		

ORGANIZATION NAME:	Member:	
Committees:		
Offices Held:		

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List the five most important community service activities that you feel were of the greatest value in which you and/or your spouse participated. In a statement or two, state the value of each activity.

1)

Values:

2)

Values:

3)

Values:

4)

Values:

5)

Values:

## **Signatures**

_____	Member
_____	Spouse
_____	Chapter YFA President
_____	Chapter YFA Advisor

We hereby certify that the information presented in this application is true and correct.  
If we are selected to receive an award, we will be present at the State Winter Institute to accept it.

\_\_\_\_\_  
Signature of Applicant(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant(s)

\_\_\_\_\_  
Date