

Master Farmer Nomination Form

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

SECTION 1: Background and Current Status

Candidate's Name _____ Spouse _____

Address (including zip code) _____

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

Email _____

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 prefer the candidate to be recognized solely in press coverage and on the 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 ages, spouse's names, locations, occupations) _____

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 programs, crop marketing innovations, specialty crops (if any), use of precision farming or bio-technology.

B. What has the nominee 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 6** letters.

Signature of Nominator _____
Printed Name _____
Address _____
Phone () _____ Cell _____
Email _____
Position _____

Send to: **Indiana Prairie Farmer**, P.O. Box 247, Franklin, IN 46131
Must be postmarked by FEBRUARY 18, 2019