



MID-ATLANTIC MASTER FARMER AWARD Worksheet

**Sponsored by *American Agriculturist* magazine and
the Cooperative Extension Offices of Delaware, Maryland,
New Jersey, Pennsylvania and West Virginia.**

Information provided on this form will be used only in the selection of Master Farmers of the Mid-Atlantic. It will be held in strictest confidence and will not be made public without the candidate's permission. Only our judges see the financial information. All supportive materials (photos, clippings, and copies) will be returned with the worksheets after final consideration.

Nominee's Name _____

Candidacy is for: Individual Husband/Wife Partnership

Address _____

City _____ State _____ Zip Code _____

County _____ Phone Number (_____) _____

E-mail _____

Specific directions to your farm from the nearest town: _____

I affirm the accuracy of the information provided in this worksheet.

Signature _____

Please give a brief life and career history, such as birthplace, occupations before becoming a farmer, number of years in each, etc. Attach extra sheets if needed.

Your personal goals for the next 2 to 10 years:

Please briefly describe the future financial objectives of your farm business.

YOUR FARMING INNOVATIONS

Describe the technological and management advances employed in the last 5 years, plus how they have helped you meet your goals. Examples: Specifics on crop production, livestock production, conservation (of energy, soil, etc.), machinery innovations, safety, finance, marketing. (Attach more sheets if necessary.)

Major challenges and/or disasters you have overcome during your years of farming:

Major challenges you must face in the future: _____

THE FAMILY

If married, spouse's name: _____

Children's names and status regarding the farm and family:

THE PERSON

Education	Course of Study/Degree	Circle Last Year
Grade/H.S.		8 9 10 11 12
College Name:		1 2 3 4
Trade School/Other Name:		1 2 3 4

Sources of Current Affairs (List by name):

Farm Publications	News Magazines/Papers	Electronic Sources

Past and present memberships: (Please note current leadership positions with an *.)

Memberships	Office Held (check)				
	Pres.	V. P.	Sec.	Treas.	Other
Farm Organizations					
Community Organizations					
Religious Organizations					
Fraternal Organizations					
Service Clubs					

Public offices held: _____

Honors or awards bestowed on you: _____

Your hobbies: _____

INSURANCE/RETIREMENT PROTECTION

I have:	Life Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Health Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Farm Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Crop Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you have a written farm business transfer plan? If so, please explain: _____

THE FARM

Farm Name: _____

Farm is operated as a: Sole Proprietorship Corporation
 Partnership Combination

Name of partner(s) or major shareholder(s):	% Interest
_____	_____
_____	_____
_____	_____
_____	_____

Responsibilities of the various members: _____

Please detail your farmland uses:	Acres Owned	Acres Rented
Cropland	_____	_____
Pastureland	_____	_____
Woodland	_____	_____
TOTAL	_____	_____

Agronomic practices followed:

- | | |
|---|--|
| Complete soil test <input type="checkbox"/> | Certified seed <input type="checkbox"/> |
| Contour strips/terraces <input type="checkbox"/> | Sod waterways <input type="checkbox"/> |
| Nutrient management plan <input type="checkbox"/> | Forage testing <input type="checkbox"/> |
| Farm conservation plan <input type="checkbox"/> | Reduced tillage <input type="checkbox"/> |
| Integrated pest management <input type="checkbox"/> | No-till <input type="checkbox"/> |

CROP PRODUCTION

Crops (list)	Present Acreage	Farm Yield Average		Innovative Technologies and/or Management Strategies
		5-year Average	Best Yield Ever	
Forages				

Grains				
Vegetables				
Fruits				
Other crops				

LIVESTOCK, POULTRY, AQUACULTURE PRODUCTION

Enterprise	Numbers	Breed	Annual Production/Performance

Describe your livestock production facilities, enterprise records and markets. Note innovative or exemplary aspects of the enterprise(s):

If you do custom work or hire custom services, please explain: _____

THE MANAGEMENT

The year you began farming: _____

How was your farm acquired? _____

Type of farm record keeping system do you use and who keeps the records? _____

What arrangements have you made for transfer of ownership/control in event of your death or disability?

What efficiency improvements have you made in your business in the last 5 years?

Please provide any additional comments (or documents) demonstrating your financial progress over your career?

What percent of your income is derived from off-farm sources? _____

CREDIT REFERENCE 1

Name _____ Title _____

Institution _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

CREDIT REFERENCE 1

Name _____ Title _____

Institution _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

PERSONAL REFERENCE

Name _____ Occupation _____

Institution _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

YOUR TOP 5 BUSINESS/FARM INPUT SUPPLIERS

Contact person _____ Institution _____

Location _____ Phone (____) _____ Email _____

Contact person _____ Institution _____

Location _____ Phone (____) _____ Email _____

Contact person _____ Institution _____

Location _____ Phone (____) _____ Email _____

Contact person _____ Institution _____

Location _____ Phone (____) _____ Email _____

Contact person _____ Institution _____

Location _____ Phone (____) _____ Email _____