****

**FuSE Campus Connections Program Application**

**Personal Information**

|  |  |
| --- | --- |
| **Name**:  | **Gender**: M / F / Prefer not to disclose |
| **Address**: |
| **City, State, Zip**: |
| **Main Phone**:  | **Alternate Phone**: |
| **Email**: |
| **Date of Birth**: |
| ***Emergency Contact:*** | ***Relationship:*** | ***Phone #:*** |

**Academic & Professional Information**

|  |  |
| --- | --- |
| **University**: | **Department**: |
| **Major**: | **Target Graduation Date**: |
| **Cumulative GPA**:  | **Research (if applicable):**  |
| **Post-Graduation Plans**: |
| **Summer 2017 Internship Plans (at minimum, please include company/job title)**: |
| **LinkedIn Profile URL:**  |

**Additional Information**

**How did you hear about the FuSE Campus Connections program? Please select all that apply.**

|  |  |
| --- | --- |
| Direct referral | *Referred by? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Current/past internship |  |
| Campus career services office |  |
| Campus organization/club |  |
| Social media |  |
| Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Please include a resume with your completed application.*

**Experience and Involvement**

1. Summarize your experiences and involvement in organizations outside of academics (i.e. community, campus, church, sports).
2. List any awards or distinctions you have received.

**Questions**

*Please limit your answers to approximately 200 words each.*

1. Why should you be chosen to participate in the Campus Connections Program?
2. What are your expected outcomes of participating in the program?
3. What can you offer the seed industry, as well as your peers, mentors, and other attendees, at ASTA’s Policy and Leadership Development Conference?
4. What inspired you to pursue an education and career in the seed industry?

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth are true and complete.

|  |
| --- |
| **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name (print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**: \_\_\_\_\_\_\_\_\_\_ |

**Application Review Policy**

All applications will be reviewed by the Campus Connections Committee.

Return completed application and resume by **December 8, 2017** via email, mail, or fax to:

American Seed Trade Association

ATTN: FUSE

1701 Duke Street Suite 275

Alexandria, VA 22314

ajorss@betterseed.org

F: (703) 837-9365

*Please direct any questions to* *fuse@betterseed.org* *and*

*a member of the Connections Committee will follow up with you.*