



## SPOUSE/PARTNER STATEMENT OF SUPPORT FORM

Candidate name: \_\_\_\_\_

Spouse/Partner name: \_\_\_\_\_

**To the applicant:**

Please discuss with your spouse/partner and family the purpose, activities, expected benefits, and time commitments required for you to participate in the Thad Cochran Agricultural Leadership Program (TCALP). In particular, discuss how family responsibilities will be covered while you are away at seminars and on study tours.

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Over the course of 22 months, TCALP will conduct nine seminars. Six in-state seminars are each approximately two and a half days in length, not including travel to and from the location. Class members will also participate in three traveling seminars to Washington, D.C., an out-of-state seminar, and an international experience. The applicant's commitment encompasses approximately 35 days of seminar attendance, in addition to preparation and study time before the seminars, and reflection and other assignments following the seminars. Please refer to the website for the seminar schedule with tentative dates and locations. Your support is an important contribution to the program and is appreciated.

“We have discussed the benefits, responsibilities, and obligations of the program. I fully support my spouse as a candidate for this program.”

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Spouse/Partner's signature

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Date

Form 1147 (04-17)

We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.