



## 2025-26 Michigan Agri-Business Leadership Program (ABLP) Application

### Program Summary

We look forward to welcoming the next class of our MABA Leadership Program! Now in its 18<sup>th</sup> year, this program is designed to help emerging leaders in Michigan's agribusiness community learn about the work of your Association and become familiar with policy advocacy at the local, state and federal levels.

The program is well-suited for anyone desiring to broaden their skills and expertise and is interested in helping MABA advance Michigan agriculture in the years ahead. The class typically contains a mix of early to mid-career professionals. Participants often bring strong skills in their respective fields, but many bring limited exposure to policy, advocacy and politics. The Leadership Program provides experiences in these areas.

The program is led by MABA President Chuck Lippstreu and MABA staff, with the participation of a wide range of community and industry leaders.

### Applications

**Applications are due to MABA staff by Close of Business on May 30, 2025.** Applications will be reviewed by the MABA Board of Directors. Applicants will be notified of their acceptance on or before June 20, 2025. The application follows in this document. Applications may be submitted by mail at 2500 Kerry Street, Suite 102, Lansing, MI 48912, or by email to [maba@miagbiz.org](mailto:maba@miagbiz.org).

### 2025-26 Program Dates

The Agri-Business Leadership Program takes place across three, two-day sessions in Michigan and a four-day visit to Washington, DC. Here are the 2025-2026 dates and locations:

<i>Session 1</i>	<i>July 21-22, 2025</i>	<i>Grand Rapids, MI*</i>
<i>Session 2</i>	<i>November 4-5, 2025</i>	<i>Lansing, MI</i>
<i>Session 3</i>	<i>February 1-4, 2026</i>	<i>Washington, DC</i>
<i>Session 4</i>	<i>July 21-22, 2026</i>	<i>Detroit, MI**</i>

\*Joint session with 2024-25 Leadership Group

\*\*Joint session with 2026-27 Leadership Group

### Program Requirements

Participants selected for the program:

1. Will be required to attend and participate in all sessions.
2. Must be employed by a MABA member company for the entire term of the program.
3. Will be asked to pay a \$3,000 participation fee to offset program costs. Upon acceptance, an invoice will be sent to each participant and payment will be due prior to the first session in July.
4. Please note business attire is a requirement for certain ABLP sessions and meetings.

**THIS APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY.  
PLEASE TYPE OR PRINT CLEARLY.**

Name (as on Driver's License) \_\_\_\_\_  
(Last) (Middle Initial) (First)

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

..... **EMPLOYMENT INFORMATION** .....

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_ How Long in Current Position \_\_\_\_\_

Work Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Email \_\_\_\_\_

..... **EDUCATION INFORMATION** .....

Please mark highest level of education completed:

( ) High school graduate ( ) College graduate ( ) Other \_\_\_\_\_

Degree/Diploma Received \_\_\_\_\_ Date \_\_\_\_\_

School/College or University \_\_\_\_\_

..... **COMMUNITY/LEADERSHIP INFORMATION** .....

List all leadership or committee positions you've held in the past five years (These may include, but are not limited to church, local government, civic groups, trade associations, political campaigns, etc.)

**Position or Involvement**

**Years Held**

---

---

---

List any awards and/or recognition received:

---

---

Indicate examples where you fostered expansion, improvement, or changes in your organization:

---

---

---

Give a brief description of yourself and tell why you would like to be selected for this leadership program. Please share the skills, talents and personality traits that best describe you:

---

---

---

---

..... **REFERENCE INFORMATION** .....

Please ask two people (one other than an employer) who know of your abilities to write a brief letter of reference in support of this application. List your two references below and attach their letters to this application.

1.

Name and Organization

---

City and Phone or Email

---

2.

Name and Organization

---

City and Phone or Email

---

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*By signing here, I agree to the requirements of the program as outlined on page 1 of this application.*