

SCHOLARSHIP APPLICATION

Institute of Agricultural Technology
Michigan State University
Dairy Management Program

Date: ___/___/___

PERSONAL DATA

Name: _____ Telephone: (____) _____

Address: _____

City: _____ State _____ Zip _____

County: _____ Age: _____

Married: () Yes () No Number of Dependents: _____

Veteran: () Yes () No Months in Service: _____

Employment Address (if different from above)

Name: _____ Telephone () _____

Address: _____

City: _____ State _____ Zip _____

FAMILY DATA

Name (parent/guardian): _____

Occupation (parent/guardian): _____

Brothers: ____ older ____ younger Sisters: ____ older ____ younger

EDUCATIONAL DATA

High School: _____ Graduation Date: _____

Have you ever been enrolled in a college/university: () Yes () No

College: _____ Major: _____

Years Attended: _____ Graduation Date: _____

LEADERSHIP ACTIVITIES

Organizations/activities in which you have participated

Name of Organization	Years Member	Office Held	Awards
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY FARMING OPERATION DATA

Land (acres): _____ own _____ rent _____ tilled

Crop: _____ Acres: _____ Crop: _____ Acres: _____

Crop: _____ Acres: _____ Crop: _____ Acres: _____

Livestock Enterprise(s):

Animal: _____ Number: _____ Animal: _____ Number: _____

Animal: _____ Number: _____ Animal: _____ Number: _____

STUDENT'S FARM STATUS

What is your current relationship to the home farm? (partnership, own, wage, etc.)

Number of head owned? _____ Partnership? _____ %

Responsibilities: _____

EMPLOYMENT STATUS

Employer: _____

Employment Length: _____

Type of Employment: _____

Responsibilities: _____

CAREER PLANS

What do you plan to do after graduating from the Institute of Agricultural Technology's Dairy Management Program?

SCHOLARSHIP CHOICE

Check the scholarships you are applying for and provide the required information.

_____ MMPA – Shipping No. _____ Requires personal or family membership in Michigan Milk Producers Association.

_____ MMPA Employer – Shipping No. _____ Requires employment by Michigan Milk Producers Association Member.

PERSONAL RECOMMENDATION

You select two people to submit, on your behalf, letters of recommendation. Recommendations should include such information as to verify and substantiate the applicant's character, integrity, and attitude toward farming and qualifications for scholarship award. It is suggested that persons selected for recommendations not be a member of your immediate family. Neighbors, counselors, teachers, and county extension agents who know you and your family are possible sources. If applying for the MMPA Dairy Farm Employee Scholarship, one of the letters must be from the employer.

Letters of Recommendation may be submitted with this application or mailed to:

Dairy Management Program Coordinator
1250 Anthony Hall
Michigan State University
East Lansing, MI 48824

NAMES OF PERSONS SUBMITTING RECOMMENDATIONS

Name: _____ Title/Address: _____

1. _____

2. _____

Signature of Applicant: _____ Date: ____/____/____

Note: Your high school and/or college transcripts will be a part of this application. All information submitted will be used only for the scholarship application.