

# SCHOLARSHIP APPLICATION

Institute of Agricultural Technology  
Michigan State University  
Dairy Management Program

Date: \_\_\_/\_\_\_/\_\_\_

## PERSONAL DATA

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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County: \_\_\_\_\_ Age: \_\_\_\_\_

Married: ( ) Yes ( ) No Number of Dependents: \_\_\_\_\_

Veteran: ( ) Yes ( ) No Months in Service: \_\_\_\_\_

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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.