

MILK SOURCE GENETICS, LLC SHOW WINNING AWARD REQUEST FORM

APPLICANT INFORMATION

Youth Exhibitor/Youth Owner:

Current address:

City:	State:	ZIP Code:
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Date of birth:	Phone:	Email:
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QUALIFYING ANIMAL INFORMATION

Registered Name: MilkSource

Holstein Registration Number:	D.O.B.
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DIRECT PURCHASE FROM MILK SOURCE GENETICS, LLC

Date of Sale:

SALE CONSIGNMENT PURCHASE

Name of Sale:

Date of Sale:	Location:
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SHOW WINNING AWARD REQUEST INFORMATION (FORM MUST BE RETURNED FOR EACH SHOW IN ORDER TO BE AWARDED ANY SCHOLARSHIP AMOUNT)

Name of Show:

Date of Show:	Location:	Placing:
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SIGNATURES

I authorize the verification of the information provided on this form. I understand any false information will result in permanent removal from the Milk Source Genetics, LLC Scholarship Program.

Signature of Applicant:	Date:
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Signature of Parent/Guardian :	Date:
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Signature of Purchaser <i>(if other than applicant parent/guardian):</i>	Date:
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Milk Source Genetics, LLC Approval:	Date:
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OFFICE USE ONLY

AMOUNT AWARDED: _____

DATE: _____

Please return completed form to:

Cristy Wanner
 N3569 Vanden Bosch Road
 Kaukauna, WI 54130
 cwanner@milksource.net