

2018
NEW YORK HOLSTEIN ASSOCIATION SCHOLARSHIP FUND
APPLICATION FORM

Please use only this official application form or the online application form at
www.nyholsteins.com and fill it out completely.
(Use only the space allotted – no additional pages accepted, except by references)

NAME _____
(First, Middle, Last)

HOME ADDRESS (Street & Number) _____

(City, State & Zip Code) _____

(Home phone #) _____ (Cell phone #) _____

(Email) _____

COLLEGE ADDRESS _____

(City, State & Zip Code) _____

FAMILY:

FATHER'S FULL NAME _____

STILL LIVING? _____ OCCUPATION? _____

MOTHER'S FULL NAME _____

STILL LIVING? _____ OCCUPATION? _____

DO YOUR PARENTS SUPPORT YOUR DESIRE FOR A COLLEGE EDUCATION? _____

LIST NAMES AND AGES OF BROTHERS AND SISTERS THAT ARE PRESENTLY
ATTENDING COLLEGE AND WHERE

COLLEGE:

COLLEGE YOU WILL BE ATTENDING

COLLEGE MAJOR/MINOR

EXPECTED DATE OF GRADUATION

EXPECTED DEGREE

PLEASE OUTLINE YOUR PROPOSED CAREER PATH, TELLING THE COMMITTEE YOUR SHORT AND LONG TERM GOALS.

HOW ARE YOU FINANCING YOUR COLLEGE EDUCATION?

WHAT JOBS AND RESPONSIBILITIES HAVE YOU HAD IN THE PAST 2-3 YEARS?

DESCRIBE HOW YOUR COURSE OF STUDY IS RELATED TO THE DAIRY INDUSTRY AND HOW YOU PLAN TO APPLY YOUR COLLEGE EDUCATION IN YOUR CAREER:

ACTIVITIES:

SUMMARIZE YOUR INVOLVEMENT IN NY JUNIOR HOLSTEIN ASSOCIATION AND/OR OTHER AGRICULTURE RELATED ORGANIZATION ACTIVITIES (i.e.: 4-H, FFA, Farm Bureau, Cooperatives, ADA, etc.)

LIST ACTIVITIES YOU PARTICIPATED IN DURING HIGH SCHOOL AND COLLEGE (if applicable):

LIST COMMUNITY ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED:

DESCRIBE YOUR HOBBIES OR SPECIAL INTERESTS:

SPECIAL RECOGNITION(S) YOU HAVE RECEIVED FOR EXCELLENCE IN SCHOOL AND/OR COMMUNITY:

WHAT IS YOUR FAVORITE YOUTH DAIRY RELATED ACTIVITY THAT YOU HAVE PARTICIPATED IN AND WHY IS IT YOUR FAVORITE?

NEW YORK HOLSTEIN ASSOCIATION
SCHOLARSHIP FUND

REFERENCE SHEET: _____

APPLICANT'S NAME:

To the person filling out this reference: Please mail this form directly to:

NEW YORK HOLSTEIN ASSOCIATION

840 HANSHAW ROAD, SUITE #5

ITHACA, NY 14850

Or fax to 607.273.7612 or email KREYNOLDS@NYHOLSTEINS.COM

DEADLINE: **MUST BE POSTMARKED BY May 1st.**

Please use this page (or one of your own) to write your comments concerning the Scholarship applicant. This will be confidential information to be used only by the selection committee. This sheet will not be returned to the applicant. **Please limit your comments to one side of one page (approx. 300 words).**

I personally know the applicant and his/her involvement in agriculture, school and/or community activities.

DATE:

SIGNED

RELATIONSHIP TO APPLICANT

(Advisor, teacher, community associate, etc.)

NEW YORK HOLSTEIN SCHOLARSHIP FUND

CONFIDENTIAL EVALUATION INFORMATION

NAME OF APPLICANT:

NAME OF SCHOOL/COLLEGE

DATE OF GRADUATION

PLEASE RANK THE APPLICANT BY CHECKING THE APPROPRIATE COLUMN BELOW:

	<u>HIGH</u>	<u>AVERAGE</u>	<u>LOW</u>
GENERAL INTELLIGENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO STUDY WITHOUT GUIDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERIOUSNESS OF PURPOSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMBITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTHUSIASM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARTICIPATION IN STUDENT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONALITY & SOCIAL ADAPTABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE USE THIS SPACE FOR ANY ADDITIONAL STATEMENTS YOU WISH TO MAKE ABOUT THE APPLICANT. THIS SHEET IS FOR CONFIDENTIAL USE BY THE SELECTION COMMITTEE ONLY. IT WILL NOT BE RETURNED TO THE APPLICANT. **DO NOT USE ADDITIONAL PAGE, THIS SPACE ONLY.**

DATE

SIGNATURE OF EVALUATOR

TITLE

RETURN FORM TO:

NEW YORK HOLSTEIN ASSOCIATION
840 HANSHAW ROAD, SUITE #5
ITHACA, NY 14850


OR FAX 607.273.7612
OR EMAIL KREYNOLDS@NYHOLSTEINS.COM

I HEREBY AGREE THAT ALL THE INFORMATION I HAVE SUBMITTED IS CORRECT. IN ADDITION, I ALSO AGREE TO CALL THE NEW YORK STATE HOLSTEIN OFFICE TO CHECK ON THE STATUS OF MY SCHOLARSHIP APPLICATION FOLLOWING THE MAY 1st DEADLINE.

SIGNATURE

- 1 – PLEASE MAKE SURE THAT YOU HAVE SUBMITTED THE CONFIDENTIAL EVALUATION FORM TO YOUR HIGH SCHOOL PRINCIPAL, GUIDANCE COUNSELOR, COLLEGE DEAN, OR ADVISOR FOR THEM TO COMPLETE.
- 2 – HIGH SCHOOL APPLICANTS MAY USE THEIR HIGH SCHOOL TRANSCRIPTS; ALL OTHERS MUST SUBMIT COLLEGE TRANSCRIPTS. APPLICANTS MUST ARRANGE FOR OFFICIAL TRANSCRIPTS TO BE SENT TO THE NY STATE HOLSTEIN OFFICE FOR THE MAY 1st DEADLINE.
- 3 – PLEASE HAVE TWO DIFFERENT PEOPLE (4-H Agent, Leader, Holstein Advisor, neighboring farmer, veterinarian, church associate, teacher, FFA advisor, etc.) COMPLETE THE ENCLOSED REFERENCE SHEETS AND RETURN THEM DIRECTLY TO THE NY STATE HOLSTEIN OFFICE BY THE **MAY 1st** DEADLINE.
- 4 – CHECK IN WITH THE NY STATE HOLSTEIN OFFICE TO MAKE CERTAIN THAT YOUR APPLICATION IS COMPLETE. *NOTE: FAXED COPIES OF THIS APPLICATION SOMETIMES MISS QUESTIONS. If you do fax your application, please also mail the original copy of your application to be sure nothing is omitted.*
- 5 – IF YOU HAVE ANY QUESTIONS CONCERNING THIS APPLICATION, CONTACT THE NEW YORK HOLSTEIN ASSOCIATION OFFICE.

NEW YORK HOLSTEIN ASSOCIATION
840 HANSHAW ROAD, SUITE #5
ITHACA, NY 14850
PHONE: 607-273-7591
FAX: 607-273-7612

**** (Please attach a small, current photo here.)** 
(This will be removed during selection process. Photos are needed for the Silent Auction.)