2006 Strolling of the Heifers Farmer Scholarship Application

Applicant Name_____
First Last

Farm Name _____

Tax ID # /SSN _____ Date of Birth_____

Address_____
_____
_____

Educational opportunity_____
please attach proof of attendance.

Date attended_____ scholarship form must be submitted no later than 2 months after the date of the conference for consideration.

Registration cost per person_____

Total cost _____

OR

Replacement helper's name_____
SSN#_____
First Last
Address_____
Town_____ Zip_____
Cost of replacement help_____ ($10 per hour x total hours at conference including travel time, please provide copy of signed time sheet.)

Total cost _____

Signature of applicant_____
I certify that the above application is true and complete

Strolling of the Heifers Only

- Received_____
- Reviewed by SOTH _____
- Scholarship amt _____
- Date Check Issued_____