4-H KIWANIS BEEF HEIFER CALF APPLICATION FORM

Name: ___________________________________________  Age: ___________
Address: ___________________________________________  DOB: ___________
Phone: ___________________________________________  Zip: ___________
Name of Parent/Guardian: ___________________________________________
Current Grade: _________   School attending: _______________________________
Key Club Member: _______ Yes ______ No Number of years in 4-H: _______
4-H Club enrolled in: ___________________________ County: ___________________
Residence: City_____ Rural_____ Farm_______

**List 4-H events participated in:**
County:
State:

**List livestock related awards received:**

Describe briefly your livestock management skills. Management refers to establishing a health care program for feeding, vaccinations, breeding, worming and selling or using your livestock.

Describe your facilities for housing and pasturing animals.

Over
List any other livestock you or your family own.

Briefly tell why you wish to receive the beef heifer AND what you hope to gain from this project.

4-H Leader Comments:

Interviewer’s Comments:

Signature of member ___________________________ Date _________
Signature of parent _____________________________ Date _________
Signature of leader ______________________________ Date _________

Application is for: Hereford ______   Angus ______   No Preference   ______

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