



PARTICIPANT APPLICATION

Please complete all information below and return to Minnesota Milk by **September 29, 2017**. Only complete applications submitted before the deadline will be accepted.

I. Contact Information

Name: _____ Date of Birth: _____

School Address/City/State/Zip: _____

Permanent Address/City/State/Zip: _____

Phone: _____ Cell Phone: _____

E-mail Address: _____

II. Advisor/Program Sponsor *(May be contacted for assistance in identifying your mentor.)*

Name: _____

Phone: _____ E-mail Address: _____

III. Educational Information

School Attending: _____

Major: _____

IV. Mentor Preferences *(We will try our best to find a mentor matching your preferences.)*

- Which address would you prefer a mentor close to? School Permanent
- If it aligns with your career goals, are you interested in a non-producer mentor such as a nutritionist, veterinary, etc.? Yes No
- Do you have any other preferences you would like us to consider?

V. Essay Questions *(Please type your responses and attach as a separate page.)*

- Briefly describe your dairy experience? (Home farm, work, school, etc.)
- List your leadership experiences and involvement in other dairy related programs.
- What do you hope to learn and accomplish by participating in Minnesota Milk's Dairy Connections Program?
- What are your career goals?

VI. Resume

- Please include a current resume with this application.

VII. Signature

Your Signature: _____ Date: _____