**Junior Dairy Consortium-Application**

***Applications are due to the County Extension Office by September 27th, 2023***

|  |
| --- |
| **Student Name:** |
| **Is the student a Junior or a Senior?** |
| **Student Address:** |
| **School:** |
| **Student/Parent email address:** |
| **Ag Teacher/County Agent Name:** |
| **Student Jacket Size:** |
| **Ag Teacher Jacket Size:** |
| **Ag Teacher email address:** |
| **Emergency Contact Name:** |
| **Emergency Contact Phone:** |
| **Does the student have any allergies or special accommodations to be made?** |
| Please make sure you answer each question.

|  |
| --- |
| Why do you want to participate in this program? |
|  |
| What do you plan to do with the information you learn through this program? |
|  |
| What is a future career goal you have? (what plans do you have after graduation) |
|  |
| Do you have previous experience in the Dairy Industry? |
|  |

 |

|  |  |
| --- | --- |
| Student Signature | Date |
| AST/CEA Signature | Date |
| Parent Signature | Date |