



Governor's Dairy Scholarship Program Application

State of Wisconsin
WI Higher Educational Aids Board
GDS Program
PO Box 7885
Madison, WI 53707-7885
(608) 267-2209
(608) 267-2808 fax

www.heab.wi.gov

Due June 1, 2018 to HEAB

◀ Read instructions before completing application.

Return completed application to:

1. Name (<i>last, first, middle initial</i>):		2. Social Security Number		FOR OFFICE USE ONLY <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> County _____ Received _____																																																	
2a. Gender () Male () Female	3. Birth date (<i>mm/dd/yy</i>):	4. County of Residence:																																																			
5. Home Address (street address, city, state, zip code; include PO Box if used)																																																					
5a. I (student) have resided at this address since ____/____/____ (<i>month/date/year</i>).																																																					
5b. If you have lived at this address for less than one year, list addresses and dates of prior places of residence for the previous five years (use the back of this form or a separate piece of paper).																																																					
6. Name of High School Attended: (including home school)	City:	State:	Year Graduated:																																																		
6a. Year and State in which you earned GED (If applicable)																																																					
7. Have you registered for Selective Service? NO () YES () If yes , please provide "Registration Number" _____ <i>If you are male and 18 years or older, WI State statute 39.28(6) requires you to provide your Selective Service registration number for WI state aid. This requirement does not apply to males born prior to 1960. (Find your individual selective service number at https://www.sss.gov/. Click on "Verify a Registration".)</i>																																																					
7. Filed FAFSA? YES () NO () https://fafsa.ed.gov/		8. Are you a U.S. Citizen? YES () NO () If NO, enclose a photocopy of your visa/green card or I-94 visa.																																																			
9. Name and Location of institution for benefit to be applied:																																																					
10. Future Dairy Eligibility: Applicants for a Governor's Dairy Scholarship award must also intend to enter or to remain in dairying or in dairy development in Wisconsin. This can include employment in dairy farming, operation of a dairy farm, or employment in dairy development or dairy promotion in Wisconsin. Please describe your future plans for dairying in Wisconsin (attach a separate sheet if needed): _____ _____																																																					
11. Eligibility: Check all that apply:																																																					
a. () <i>Operator of dairy farm in Wisconsin</i> : Years of Operation _____ to _____ () Current; County of Farm _____; Approx. Herd count: _____																																																					
b. () <i>Employed by / on a dairy farm in Wisconsin</i> : Years of employment _____ to _____ () Current; Your role(s), job(s), title(s) _____																																																					
c. () <i>Dependent of an operator of a dairy farm in Wisconsin (grew up on a dairy farm)</i> : Years _____ to _____ (); County of Farm _____; Approx. Herd count: _____; Role on the farm, if any _____																																																					
d. () <i>Employed by / on a dairy products processor in Wisconsin</i> : Employer _____; County of Farm _____; Years of employment _____ to _____ () Current; List role(s), job(s), title(s): _____																																																					
e. () <i>Employed by / on development or promotion dairy farm in Wisconsin</i> : Employer _____; Employer location (County) _____; Years of employment _____ to _____ () Current); List role(s), job(s), title(s): _____																																																					

- f. () Student of Dairying in Wisconsin: High School or other institution _____, Location (County) _____ Year of graduation _____; Mark all of the following that apply to you:
1. () CTE Concentrator at a WI high school, current (graduating Spring 2018): Agriculture and Natural Resources, Technology and Engineering, Marketing, Other: _____
 2. () CTE Concentrator at a Wisconsin high school, not more than five (5) years prior to completing this application: Applicants under this section must have graduated (obtained a diploma) from their high school, or must hold a Certificate of General Educational Development (GED) or a High School Equivalency Diploma (HSED) to be considered; Agriculture and Natural Resources, Technology and Engineering, Marketing, Other: _____
 3. () Participated in a Youth Apprenticeship Program: Priority for the Governor's Dairy Scholarship will be given to participants in activities relevant to dairying; please explain your activities below (you may attach a separate sheet):

 4. () Participated in a Career and Technical Student Organization (CTO) in Wisconsin: (CTOs are defined in state statute to include DECA, FBLA, FCCLA, HOSA, or SkillsUSA) Priority for the Governor's Dairy Scholarship will be given to participants in activities relevant to dairying; please explain your activities below (you may attach a separate sheet):

 5. () Industry -recognized certification program completed (or be on track to complete): An industry-recognized certification program approved under s. 106.273, Wis Stats, CTE Technical Incentive Grant industry-recognized certifications See <https://dwd.wisconsin.gov/det/cteincentive/> Priority for the Governor's Dairy Scholarship will be given to participants in activities relevant to dairying; please explain your activities below (you may attach a separate sheet):

 6. () Twelve (12) credits of coursework in dairy or agriculture at a Wisconsin Technical College System campus: Priority for the Governor's Dairy Scholarship will be given to applicants whose coursework is relevant to dairying; explain your activities below (you may attach a separate sheet):

- Campus(es) and years of study: _____ Credits Completed: _____

12. Other Eligibility Provisions: First application for an award under this program? YES () NO (); Previously received an award under this program? YES () NO ()

NOTE: Award recipients of a Governor's Dairy Scholarship must enroll by September 30 in an eligible dairy program at an eligible campus of the Wisconsin Technical College System or the University of Wisconsin System. HEAB will make the award in the name of the recipient, to the recipient's account at the school where the recipient is enrolled, after verifying recipients' identities and enrollments.

13: Other Applicant Information: a. List projects, awards, leadership roles, offices held, student and community organizations, and any other relevant activity including (but not limited to) Farmers Union, HERO programs, and / or other activities. (attach a separate sheet if needed):

Other community activities, interests, hobbies, etc. (attach a separate sheet if needed):

THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED BY THE APPLICANT. IF THE APPLICATION IS NOT COMPLETE, IT WILL BE RETURNED TO THE APPLICANT FOR COMPLETION AND THE PROCEEDS WILL BE DELAYED.

CERTIFICATION

I HAVE READ THE INSTRUCTIONS ON THE ATTACHMENT TO THIS APPLICATION CONCERNING MY RESPONSIBILITIES. I declare under penalty of criminal laws of the State of Wisconsin/Minnesota that this application has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Applicant's Signature:	Date:
Email Address:	Telephone Number: (include area code) () _____ - _____

SEND COMPLETED APPLICATION TO ADDRESS ON FRONT PAGE OF THIS APPLICATION