

Wisconsin Brown Swiss Association - Nelson McCammon Youth Heifer Program Application

THE FOLLOWING MUST BE ANSWERED COMPLETELY TO BE CONSIDERED. APPLICATIONS ARE DUE FEB. 16, 2024

Name of Applicant _____ Date of Birth _____

Name of Parent or Guardian _____

Address _____

Parent Phone: _____ Cell: _____ Email: _____

Recipient Phone: _____ Cell: _____ Email: _____

Location of where the project animal will be housed _____

Grade in School _____ Member of 4-H? Yes ___ No ___ No. of Years ____ Member of FFA? Yes ___ No ___ No. of Years ____

Name, Address & Phone number of Leaders and/or Instructors _____

Projects now being carried _____

Past Projects _____

Other activities _____

Size of Farm _____ No. of Milk Cows _____ Briefly describe your family farm _____

What feed and type of facilities do you have? _____

Have you or do you own Brown Swiss? Yes ___ No ___ If yes, how many and ages? _____

What other dairy breeds do you own? _____ What other animal projects do you have? _____

Why do you want a registered Brown Swiss female? Please answer on a separate sheet.

Name, address and phone number of two references other than 4-H leader or FFA instructor.

Name, address and phone number of your veterinarian: _____

Applicant's Signature: _____ Date: _____

Signature of Both Parent/Guardians: _____

_____ Date: _____

Nelson McCammon Share-A-Heifer Program Committee

C/O Christopher Voegeli

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