## **PLEASE PRINT OR TYPE**

| SECTION 1 - ELIGIBLE STUDENT INFORMA                   | ATION (20 POINT       | TS)             |  |         |  |                |          |  |  |
|--|-----------------------|-----------------|--|---------|--|----------------|----------|--|--|
| NAME (FIRST, MIDDLE, LAST)                             |                       |                 | E-MAIL   | ADDRESS |  |                |          |  |  |
|  |                       | Torri           |  |         |  | 07475          | 710 0005 |  |  |
| PERMANENT ADDRESS (STREET/P.O. BOX)                    |                       | CITY            | CITY   |         |  | STATE          | ZIP CODE |  |  |
| TELEPHONE NUMBER                                       | SOCIAL SECURITY NUM   | I<br>ITY NUMBER |  |         | COUNTY   | I              |          |  |  |
| DATE OF BIRTH  | FINAL HIGH SCHOOL GPA |                 | CU   |         | CURRENT COLLEGE OR UNIVERSITY GPA: (IF APPLICABLE) |                |          |  |  |
| NAME AND ADDRESS OF COLLEGE OR UNIVERSITY              |                       |                 | EXPECTED MAJOR                                   |         |  |                |          |  |  |
|  |                       |                 | EXPECTED MINOR (IF APPLICABLE)                   |         |  |                |          |  |  |
|  |                       |                 | NUMBER OF COMPLETED CREDIT HOURS (IF APPLICABLE) |         |  |                |          |  |  |
|  |                       |                 | SEMESTER END DATE                                |         |  |                |          |  |  |
|  |                       |                 | ANTICIPATED YEAR OF COLLEGE GRADUATION           |         |  |                |          |  |  |
| PLEASE LIST PREVIOUS SCHOOL(S) ATTENDED, INCLUDING HIG | GH SCHOOL(S), AND THI | EIR LOC         | ATION(S)   |         |  |                |          |  |  |
|  |                       |                 |  |         |  |                |          |  |  |
|  |                       |                 |  |         |  |                |          |  |  |
| SECTION 2 - WORK EXPERIENCE OR INTE                    | RNSHIP (25 PO         | INTS)           |  |         |  |                |          |  |  |
| CHECK ONE  | HNSHIP (23 POI        | INTO)           |  |         |  |                |          |  |  |
| ☐ DAIRY-RELATED WORK EXPERIENCE O                      | R INTERNSHIP          |                 | ☐ DAIRY FARM                                     | M WO    | RK EXPERI  | ENCE OR INTERI | NSHIP    |  |  |
| NAME OF BUSINESS/FARM                                  |                       |                 |  |         |  |                |          |  |  |
| CONTACT NAME   |                       |                 |  |         |  |                |          |  |  |
| WORK PHONE   |                       |                 | CELL PHONE                                       |         |  |                |          |  |  |
| ADDRESS  |                       |                 |  |         |  |                |          |  |  |
| DATES OF WORK: (IF COMPLETED)                          |                       |                 | EXPECTED DATES OF                                | F WORK  |  |                |          |  |  |
| ТО   |                       |                 | ТО   |         |  |                |          |  |  |
| TOTAL NUMBER OF HOURS: (IF COMPLETED)                  |                       |                 | EXPECTED NUMBER OF HOURS                         |         |  |                |          |  |  |
| *If work experience/internship has been comp           | oleted, please atta   | ich the         | e completed Plac                                 | ement   | Certification                                      | n Form         |          |  |  |
| PLEASE SUMMARIZE YOUR EXPERIENCES, TALENT, OR EXPER    | TISE YOU HAVE GAINED  | O, OR HO        | PE TO GAIN, FROM TH                              | IS WORK | EXPERIENCE C                                       | R INTERNSHIP   |          |  |  |
|  |                       |                 |  |         |  |                |          |  |  |
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|  |                       |                 |  |         |  |                |          |  |  |

| ECTION 3 – CAREER PLANS (25 POINTS)                |   |
|--|---|
| EASE OUTLINE YOUR CAREER PLANS (300 WORDS OR LESS) | ٦ |
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| ECTION 4 - REMEDIES                                |   |

If a violation or a breach of the terms in the guidelines occurs with any of the provisions of the Missouri Dairy Scholars Scholarship program. the Missouri Department of Agriculture and MASBDA may terminate the applicant's admission into the program and immediately recall or seek reimbursement for all sums paid to the scholarship recipient under this agreement with interest from the time the scholarship monies were awarded at an annual percentage rate determined by MASBDA until the balance of the scholarship award is paid in full.

### **SECTION 5 - CERTIFICATION OF ELIGIBLE STUDENT**

Pursuant to the "Guidelines and Procedures" document for the "Dairy Scholars Program" issued by the Missouri Agricultural and Small Business Development Authority, the Applicant (listed below), hereby certifies the following:

- 1. I am an "eligible student," who:
  - (a) Is a United States citizen and a Missouri resident who has graduated from a Missouri high school with a cumulative grade point average of at least two and one-half on a four-point scale or equivalent;
  - (b) Is pursuing or has attained an agriculture-related degree approved by the Missouri Department of Agriculture, MASBDA, and offered by a two-year or four-year college or university in Missouri;
  - (c) Will maintain a cumulative grade point average of at least two and one-half on a four-point scale or equivalent while enrolled in the college or university program;
  - (d) Has worked, or will work, on a dairy farm or have a dairy-related internship for at least three months (minimum of 400 hours) of each year I receive the Missouri Dairy Scholars Scholarship;
  - (e) Agrees to work in the agriculture industry in Missouri for at least two years for every one year I receive a Missouri Dairy Scholars Scholarship, and
  - (f) Am enrolled as a full-time student (minimum of 12 credit hours) each semester.
- 2. I fully understand and agree to the following:
  - (a) I will use the proceeds of this scholarship for educational expenses.
  - (b) I will send written notice to the Missouri Agricultural and Small Business Development Authority (MASBDA) within thirty (30) days after any change in enrollment/graduation status.
  - (c) I will send to MASBDA an official college transcript verifying a cumulative grade point average of 2.5 within 30 days from the end of the Spring 2018 semester, AND (if not completed), progress on completing my required dairy related internship.
  - (d) I commit to work 3 months (minimum of 400 hours) in a dairy-related internship approved by MASBDA during the 12 month period in which I receive a scholarship from the Missouri Dairy Scholars Scholarship program.
  - (e) I commit to work in the agriculture industry in Missouri for two years for every one year I receive the Missouri Dairy Scholars Scholarship.
  - (f) I commit to provide a completed placement form to MASBDA within six (6) months of the year of graduation from a two-year or four-year college or university in Missouri.
  - (g) If awarded a scholarship, (\$5,000) will be awarded subject to budget appropriations.
  - (h) If I violate any of the provisions of the Missouri Dairy Scholars Scholarship program, then the Missouri Department of Agriculture and MASBDA may immediately recall or seek reimbursement for all sums paid to the scholarship recipient under this agreement with interest from the time the scholarship monies were awarded at an annual percentage rate determined by MASBDA until the balance of the scholarship award is paid in full.
  - If I violate any of the provisions of the Missouri Dairy Scholars Scholarship program, the Missouri Department of Agriculture and MASBDA may terminate my admission into the program and seek any appropriate remedial action to recover any amount owed.

# SECTION 5 - CERTIFICATION OF ELIGIBLE STUDENT (CONTINUED) 3. I grant permission for an authorized representative of MASBDA to verify the work experience listed above with the contact listed, and understand this employment can be verified prior to my application being scored. I certify the information contained in this application is true, complete and correct to the best of my knowledge, and that all scholarship funds received will be used only for educational purposes for the academic year covered by this application. I understand I am making a commitment to ) be enrolled in an approved agriculture-related degree program in a two or four-year college or university in Missouri, maintaining a minimum of a cumulative grade point average of at least 2.5 on a 4 point scale (or equivalent), ) fulfill a three month (400 hours) dairy-related internship for the academic year covered by this application, and ) provide proof of employment in the agriculture industry in Missouri for at least two years for every one year I receive the Missouri Dairy Scholars Scholarship.

| NAME OF SCHOLARSHIP APPLICANT (PLEASE PRINT)  |                        |
|---|------------------------|
| SIGNATURE   | DATE                   |
| PARENT NAME (IF APPLICANT IS UNDER 18)  |                        |
| PARENT SIGNATURE (IF APPLICANT IS UNDER 18)   | DATE                   |
| SECTION 7- ATTACHMENTS  |                        |
| ☐ Copy of Missouri Driver's License (or other proof of Missouri residency and U.S. Citizenship as listed in | n program guidelines ) |
| ☐ Copy of Final High School Transcript  |                        |
| ☐ Copy of Letter of Acceptance or Proof of Enrollment in a Agriculture-Related Degree Program               |                        |
| □ Resume  |                        |
| ☐ Certification of Dairy-Related Work Experience or Internship  |                        |
| ☐ Two Letters of Reference  |                        |
| ☐ Copy of most recent official college/university transcript (If Applicable)                                |                        |
| ☐ Attached, or  |                        |
| ☐ Sent directly from the school   |                        |
|   |                        |

**SUBMIT TO:** 

MASBDA
DAIRY SCHOLARS PROGRAM
PO BOX 630
JEFFERSON CITY, MO 65102-0630
TELEPHONE: (573) 751-2129

FAX: (573) 522-2416 masbda@mda.mo.gov



MISSOURI DEPARTMENT OF AGRICULTURE MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY (MASBDA) MISSOURI DAIRY SCHOLARS SCHOLARSHIP PROGRAM

# DAIRY-RELATED WORK EXPERIENCE/INTERNSHIP PLACEMENT CERTIFICATION

| PLEASE PRINT OR TYPE  | IATION            |                         |                        |                   |        |                |  |
|---|-------------------|-------------------------|------------------------|-------------------|--------|----------------|--|
| SECTION 1 – ELIGIBLE STUDENT INFORMATION  NAME (LAST, FIRST, MIDDLE INITIAL)                            |                   | PHONE NUMBER            |                        | CELL PHONE NUMBER |        |                |  |
| TVANE (EAC), THOS, WIEDEL INTIAL)   |                   |                         |                        |                   |        |                |  |
| ADDRESS   |                   | CITY                    |                        |                   | ZIP    |                |  |
| E-MAIL ADDRESS  | COUNTY            |                         | SOCIAL SECURITY NUMBER |                   |        |                |  |
| OFOTION & WORK EXPEDIENCE (INTERN   | IOLUB INCORMATION |                         |                        |                   |        |                |  |
| SECTION 2 -WORK EXPERIENCE/ INTERN NAME OF EMPLOYING BUSINESS/FARM                                      | ISHIP INFORMATION | CONTACT PERSON/SUPERVIS | SOB                    |                   |        |                |  |
| INAME OF EMPLOTING BUSINESS/FARM  |                   |                         |                        |                   |        |                |  |
| WORK PHONE NUMBER   | CELL PHONE NUMBER | NUMBER E-MAIL ADDRESS   |                        |                   |        |                |  |
| MAILING ADDRESS   |                   |                         |                        |                   |        |                |  |
| PHYSICAL LOCATION (IF DIFFERENT THAN MAILING ADDRESS)   |                   |                         |                        |                   |        |                |  |
| DATES OF EMPLOYMENT   |                   |                         |                        |                   |        |                |  |
| NORMAL WORK HOURS (E.G. MONDAY-FRIDAY 8 A.M. – 5:00 P.M.  | M.)               |                         |                        |                   |        |                |  |
| TOTAL NUMBER OF HOURS WORKED DURING TERM OF EMPL  | OYMENT            |                         |                        |                   |        |                |  |
| SECTION 3 – WORK EXPERIENCE/INTERN  | ISHIP DUTIES      |                         |                        |                   |        |                |  |
| List duties and activities of the dairy-related w   |                   | nship, with percentage  | of time alloca         | ted to each. i    | n orde | r of amount of |  |
| time spent. Please be as specific as possible.  |                   |                         |                        |                   |        |                |  |
| if necessary.   |                   |                         |                        |                   |        |                |  |
| DUTIES/ACTIVITIES   |                   |                         |                        |                   |        | %              |  |
|   |                   |                         |                        |                   |        |                |  |
|   |                   |                         |                        |                   |        |                |  |
|   |                   |                         |                        |                   |        |                |  |
|   |                   |                         |                        |                   |        |                |  |
|   |                   |                         |                        |                   |        |                |  |
| SECTION 4 – CERTIFICATION OF INFORMA  | ATION             |                         |                        |                   |        |                |  |
| I certify the information contained in this Placement Certification Form is true, complete and correct. |                   |                         |                        |                   |        |                |  |
| SIGNATURE OS STUDENT  |                   |                         |                        | DATE              |        |                |  |
| SIGNATURE OF EMPLOYER   |                   |                         |                        | DATE              |        |                |  |
|   | SHRM              | IIT TO:                 |                        | 1                 |        |                |  |
|   |                   |                         |                        |                   |        |                |  |
| MASBDA DAIRY SCHOLARS PROGRAM   |                   |                         |                        |                   |        |                |  |
| DAINT SCHOLARS PROGRAM  |                   |                         |                        |                   |        |                |  |

**PO BOX 630** JEFFERSON CITY, MO 65102-0630 TELEPHONE: (573) 751-2129

FAX: (573) 522-2416 masbda@mda.mo.gov