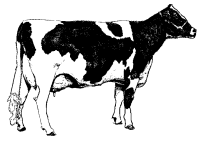


# Indiana 4-H Dairy Youth Academy 2022/2023 Application



Sponsored by:

**American Dairy Association of Indiana, Inc., Indiana Dairy Producers, & Purdue Extension Dairy Youth Activities Planning Committee**



Please fill out this application form and answer the following questions. To be eligible to participate in the academy, you must be in grades 10 through 12 by September 1, 2022. **Two letters of recommendation must be submitted with the application.** One letter of recommendation must be from a person other than parents or family members. The second letter of recommendation must be an immediate family member, preferably a parent or legal guardian. Attach extra pages as necessary when completing the essay question. **Please attach a recent photo of yourself.**

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ County \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_ Shirt Size (polo) \_\_\_\_\_

*(Note: This is a professional activity; please submit a business-appropriate email address for yourself)*

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Birth date \_\_\_\_\_ Grade:  10  11  12 Age \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_

Parent Address, if different from above \_\_\_\_\_

Primary Parent Contact E-mail(s) \_\_\_\_\_

Primary Parent Contact Cell Phone (\_\_\_\_) \_\_\_\_\_

High School Attending \_\_\_\_\_

Number of years in 4-H \_\_\_\_\_ Number of Years in 4-H Dairy Project \_\_\_\_\_

Name, address of local newspaper(s), radio and television station(s).

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Do you have any potential conflicts with any of the dates or activities as described in the brochure for the academy? If Yes, please briefly describe.

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Do you require auxiliary aids and services due to a disability or have any special food needs?

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## 1. ESSAY

If submitting by email, in a Microsoft Word document named YOURLASTNAME\_essay.doc, write a brief essay addressing the following points. Please limit your response to a maximum of three double-spaced pages.

- A. Please discuss why you would like to participate in the Dairy Youth Academy.
- B. Describe your enthusiasm for the dairy industry, how it originated, and how it plays a role in your daily life.
- C. Detail your goals for a future career in the dairy industry.

## 2. RESUME

If submitting by email, in a Microsoft Word document named YOURLASTNAME\_resume.doc, submit a resume or list of bullets summarizing the highlights of your dairy cattle and dairy industry experiences. The document should also include your most important school and community leadership contributions. Please limit your resume to a maximum of two pages.

*A completed application packet consisting of this form with your photo attached, an essay, a resume, expectations form, background form, photo release (model) and 2 letters of reference must be submitted to the Purdue Extension Dairy Youth Activities Planning Committee by August 12, 2022. Applications via **email attachments** should be sent to Jeff Pell at [jpell@purdue.edu](mailto:jpell@purdue.edu) by August 12, 2022. **Paper applications** will be accepted at the address below and applications submitted or postmarked after August 12, 2022 may not be considered. Candidates will receive mail or email receipt confirmation. If accepted for the academy, a \$200 fee will be required.*

Please mail or email to:

**Indiana 4-H Dairy Youth Academy**

c/o Jeff Pell

P.O. Box, 1900 East Main Street, Danville, IN 46122

Email: [jpell@purdue.edu](mailto:jpell@purdue.edu)

It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability or status as a veteran. Purdue University is an Affirmative Action institution. This material may be available in alternative formats.



# Indiana 4-H Dairy Youth Academy: Participant Background Information

Name: \_\_\_\_\_

Tell us about your experiences in the dairy industry. Please complete all areas that apply to you.

1. Did you grow up on a dairy farm? \_\_\_\_Yes \_\_\_\_No If yes, how many cows? \_\_\_\_\_

Breed? \_\_\_\_\_ Registered or Commercial? \_\_\_\_\_

Is your family currently milking cows? \_\_\_\_Yes \_\_\_\_No

2. Have you worked on a dairy farm? \_\_\_\_Yes \_\_\_\_No If yes, # years worked? \_\_\_\_\_

Registered or Commercial? \_\_\_\_\_ How many cows? \_\_\_\_\_

Breed? \_\_\_\_\_ Grass based dairy? \_\_\_\_\_

3. Have you been on a dairy judging team? \_\_\_\_Yes \_\_\_\_No How many years? \_\_\_\_\_

4. If you have shown dairy cattle at the following levels, please list the number of years.

County fair \_\_\_\_\_ State fair \_\_\_\_\_ National shows \_\_\_\_\_

5. What other experiences have you had related to the dairy industry? Trips attended?

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6. Do you plan to pursue a career in the dairy industry? If so, please describe.

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7. Please rank the following dairy-related areas based on your interest. Choose the **top 5** you are most interested in and rank from 1-5 (1= most interested).

- \_\_\_ Nutrition
- \_\_\_ Reproduction
- \_\_\_ Genetics
- \_\_\_ Dairy Foods
- \_\_\_ Marketing & Communication
- \_\_\_ Veterinary Medicine
- \_\_\_ Herd management
- \_\_\_ Crop management
- \_\_\_ Farm Finances
- \_\_\_ Environmental Impacts

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## Indiana 4-H Dairy Youth Academy: Participation Expectation Agreement

### Behavior

As a participant of the Indiana 4-H Dairy Youth Academy, you are representing the 4-H program, Indiana, your county, and the dairy industry. Serve as a positive role model by being respectful to other participants and industry professionals. Wear clothing appropriate for the activity – we will let you know in advance what type of clothing is required.

The following behaviors will not be tolerated:

- Use of profanity, harassment, use of drugs, alcohol, tobacco, and/or possession of weapons.
- Dating of fellow participants is strongly discouraged. Members of the opposite gender in your sleeping quarters will not be tolerated. Inappropriate behavior with members of the opposite gender will not be tolerated.

### Communication

The main communication with the planning committee will be through e-mail. Jeff Pell will serve as the liaison between the planning committee, participants and parents. He will provide you with all necessary information prior to an event so be sure to check your e-mails regularly. He will check his email Monday-Friday from 8:00 – 5:00 p.m. EST. If you need to reach her on the weekend prior to a trip, you may contact her at (317) 745-9260.

### Attendance

Attendance at all Indiana 4-H Dairy Youth Academy events is mandatory unless extenuating circumstances arise. If you have an extenuating circumstance, please let Jeff know as soon as you are aware of the circumstance. If you do not let Jeff know and you do not attend a trip, you will be held responsible for the expenses related to that event. You will also be asked to complete health forms and behavior forms prior to each event – these forms must be returned in order to participate at an event.

I have read and understand this Participation Expectation Agreement and will abide by it. I understand that failure to comply with these expectations may result in disciplinary action or termination of my participation in the Indiana 4-H Dairy Youth Academy.

\_\_\_\_\_  
4-H Member Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
4-H Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

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# Model (Photo) Release Form

I do hereby give permission to Purdue University, its agents, and others working under its authority, full and free use of video/photographs containing my image/likeness. I understand these images may be used for promotional, news, research and/or educational purposes.

I hereby release, discharge, and hold harmless the University and its agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photographs or video.

I do further certify that I am either of legal age, or possess full legal capacity to execute the foregoing authorization and release.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

## If the individual named above is under 18

I, \_\_\_\_\_, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

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