



HOLSTEIN ASSOCIATION

A.J. Quist Memorial Young Breeder of the Year Award Application

Name: _____

Address: _____

Telephone: _____ Email: _____

Birthdate: _____

1. In what year did you purchase your first Registered Holstein Female?
2. How many Registered Holsteins do you own?
3. Please list the Holstein organizations you belong to. List any offices held or responsibilities shared in connection with the membership. Give dates.
4. List the dairy and farm organizations you have been affiliated with and your capacity in each.
5. List community organizations you have been affiliated with and you capacity in each.

6. List recognitions you have received with your Registered Holsteins.

7. Please list the breed improvement programs you are participating in and the number of years in each.

8. Please write a Brief statement as to why you believe Registered Holsteins have a future in your dairy program and in the future of dairy.