American Guernsey Association DISTINGUISHED SERVICE Application

NAME: PHONE: ADDRESS:			
PERSONA	L DATA		
Birth Date:		Marital Status:	
Spouse's Name	9 :		
Children (Name	e, ages, city, state):		
Name & Location	h School, College or Unive on Y Business Affiliation:	rsity attended, degrees) ears Attended	Degree-Year
On a separate s following areas		ain why you believe this nomin	ee excels in the
1.	DAIRY ACTIVITIES		
2.	HERD ACHIEVEMENTS		
3.	COMMUNITY ACTIVITIES	3	
4.	PROFESSIONAL AND/OF	R FARM ORGANIZATION ME	MBERSHIPS
5.	HONORS		

Please limit your answers to three pages or less. No more than three supporting letters of recommendation will be considered and those letters must accompany this application.

ADDITIONAL INFORMATION

6.

Please also note that each nomination will be considered for three years. After this time period, a new nomination must be submitted if the candidate is to be considered.

NOMINATED BY:			
NAME:		DATE:	
ADDRESS:			
TELEPHONE:	Email:		
A DDI IO A TIONI DII	E DV MADOU 04 0005		

APPLICATION DUE BY MARCH 31, 2025

Mail to the American Guernsey Association 1224 Alton Darby Creek Rd., Suite G, Columbus, OH 43228