

# Dr. Mann Award Application

This application form is to be used to determine the recipient of the Dr. Mann Award. The award is to be presented to an Outstanding 4-H Purebred Holstein Exhibitor.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Club: \_\_\_\_\_ Club Leader: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

1. How many dairy animals do you own? \_\_\_\_\_ How many of these are purebreds? \_\_\_\_\_

2. What is the importance of purebreds to you and to today's dairy industry?

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3. In three sentences or less: Why do you feel you should receive the Dr. Mann Award?

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4. List some of your placings with purebred Holsteins. How long have you shown them?

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