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Distinguished Dairy Cattle Breeder Award Nomination

This award recognizes a currently active, progressive dairy breeder who, through expertise in managing a dairy-breeding herd based upon sound genetic and business principles, serves as a model of success for contemporaries throughout the nation and as one of the all-time greats in cattle breeding. Father-son, husband-wife, brother-sister, and other such partnerships are eligible to be nominated.

The recipient will be recognized at the annual Dairy Shrine Awards Banquet and will have their portrait on permanent display at the Dairy Shrine - National Dairy Hall of Fame in Fort Atkinson, Wisconsin.

This form is the official application.

Name of Nominee(s)

Address

City State Zip Code

Telephone Email

I nominate the above person(s) for the Distinguished Dairy Cattle Breeder Award

Signature of Nominator Date

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In your opinion, what qualities and accomplishments entitle the nominee to be considered for the Distinguished Dairy Cattle Breeder Award? Attach additional pages as needed, not to exceed 5 pages.

All Nominations are due March 15.

Individuals previously honored by Dairy Shrine as Guest of Honor or as a Pioneer are ineligible. A member of Dairy Shrine must make the nomination. The nominee need not be a member, but will be encouraged to join Dairy Shrine. If the nominee is not selected in the year submitted, the nomination will remain on file and will be automatically resubmitted for consideration for another 2 years (3 years total). If not selected for the award after 3 years, the nominator will need to be resubmit the nomination for award consideration.

**Instructions for applying:**

1. Download this application and type in your responses. Save the file as CattleBreeder.NomineesLastName.NomineesFirstName.doc. Please email this form and supporting information to [info@dairyshrine.org](mailto:info@dairyshrine.org).

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| 1. Or send the nomination and supporting information to:   Dairy Shrine  PO Box 68  Fort Atkinson, WI 53538  Phone: 920-542-1003 | Nomination Submitted by:  Name:  Address:    Telephone:  Email: |