## Kinder Goat Breeders Association Scholarship Program

This scholarship applies to any type of further education (trade school, technical school, 2-year or 4-year institution)

Or

Assistance with acquiring, raising or showing Kinder Goats

☐ Educational Assistance – ☐ Assistance with acquiring Goats – Complete Part B	, raising or show	wing Kinder
General Information		
Name		
Last	First	Middle
Home Address		
Street	J	
Telephone	Age	
Email:		
Local Newspaper (for press release Applicant's Parent(s)/Guardian(s)		
Mother	_	
Father	_	
KGBA Youth Member Number:		
Family/Parents KGBA Member Nu	ımber:	

Extracurricular and Personal Activities (Include school, church, and community activities.)

Activity	Gra	ide L	evel	of	Position Held/Honors Won
	Participation		n		

Work Experience Nature of Work	Employer	Dates of Employment	# of Hours per Week

## Part A

What college(s) have you applied to and to what college(s) have you been accepted?
Please describe your career goals.
Discuss why you are applying for these scholarships.

## Part B

Please describe what you will do with this assistance:		
Discuss how you intend to use this assistance to promote Kinder Goats:		
If you already have goats, please tell us about your goats and your current activities with them		

Please include the following with your application:

- Attach a photo of you and your goat(s) for publication in the KGBA Newsletter.
- 2. If applying for educational assistance, please attach an official transcript.

Completed forms are due to the KGBA between December 1 and January 31 for the coming year. Please return to John James via email to <a href="mailto:fallfirefarm@gmail.com">fallfirefarm@gmail.com</a> or mail to P. O. Box 277, Beloit, OH 44609

## Photo Release Form for Minors (if under 18)

The Kinder Goat Breeders Association has my permission to use my or my child's photograph publicly to promote the Association. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature:	Date
Parent/Guardian's Name:	
Phone Number:	
Child's Name:	
Phone Number:	