



NORTHERN INTERNATIONAL LIVESTOCK EXPOSITION

(406) 256-2495 ♦ FAX (406) 256-2494 ♦ www.thenile.org ♦ P.O. BOX 1981 ♦ BILLINGS, MT 59103

Dear Applicant,

Thank you for your interest in the NILE Merit Heifer Program! It is the goal of the NILE to provide a positive educational experience to the youth everywhere. Please note the guidelines below for completing your application.

Application: Your application must be filled out entirely and signed by all parties listed.

Personal Letter: This is your opportunity to tell us why you deserve a heifer. Please include the following information in your one page, typed, letter:

1. Current 4-H/FFA activities you've involved in
2. Community Service/Involvement
3. Plans and goals for your heifer, should you be selected
(Please include a description of the facilities you will keep your heifer in)
4. Future Career Goals

Letters of Recommendation: One letter should come from your 4-H agent or your FFA advisor and the other should be from an adult that is not related to you, but has the ability to comment on your abilities and merit.

Junior Membership Fee: A \$25.00 Jr. Membership fee is required. You may send in your payment with your completed application. Refunds will be given to those applicants who are not awarded a heifer and do not wish to stay a Jr. Member. **Written requests for refunds must be made by November 30, 2011.**

Mail application with two letters of reference, a personal letter from you and your membership dues. Applications that are not complete upon arrival will not be considered.

Deadline to Apply: **Postmarked by September 15, 2011** to:

NILE Merit Heifer Program

P.O. Box 1981

Billings, MT 59103

Questions may be directed to Bill Pelton, 406-656-3615/ bill@billpelton.com; Amanda Moore 406-860-9222/meritheifer@thenile.org; or the NILE Office, 406-256-2497.

Application Check List-Use this list to make sure all items are included before you mail your application in.

- Application
- Personal Letter
- Letter of Recommendation from 4-H Agent or FFA Advisor
- Letter of Recommendation from a non-relative adult
- Junior Membership Fee





www.meritheifer.com

NILE MERIT HEIFER AWARD APPLICATION 2012

DEADLINE FOR ENTRY:
Postmarked on or before September 15, 2011

Name _____ Phone _____ Email _____

Address _____ Town _____ ST _____ Zip _____

Birth Date _____ Your Age on Sept. 15, 2011 _____ Grade in School _____

Name of father/male guardian _____ Occupation _____

Name of mother/female guardian _____ Occupation _____

Where do you live? (*Please check one*) _____ Town/City _____ Rural/non-farm _____ Working ranch or farm

Estimated percentage of family income derived from agriculture _____ % County of Residence _____

Number of livestock (if any) already owned by the applicant: Cattle _____ Sheep _____ Swine _____ Other _____

Cattle Breed Preference: 1st Choice: _____ 2nd: _____ 3rd: _____ No Preference _____
(*Based on availability -- not guaranteed*)

School Name _____ Town _____

Name of 4-H club or FFA Chapter _____

Name of 4-H Leader of FFA instructor _____ Day Phone () _____

Have you or your family members ever been involved with NILE? (*not a requirement for selection*). *Please explain:*

Have you or your family (sisters, brothers) ever won a NILE Merit Heifer before? _____ Yes _____ No

Applicant Testimony: I have read the rules of the NILE Merit Heifer Program and agree to abide by them. I am an FFA member or a 4-H member at time of application. I am or between the ages of 13 & 17 as of September 15, 2011. I understand that I will be required to have my heifer bred and exhibit her as a bred heifer at NILE in October 2012. Failure to do so could result in loss of award.

Applicant Signature _____ Date _____

Parent/Guardian Testimony: I, as parent or guardian of the above named applicant, who is a minor, do hereby grant permission for such child to participate in this program, if selected. I hereby on behalf of and for the child, myself, my heirs, executors and personal representatives, waive and release any and all rights and claims for injury, death, theft, loss or damages as a result of this child winning, raising and exhibiting a calf, if awarded.

Parent/Guardian Signature _____ Date _____

Advisor Testimony: The facilities for raising a calf and the ability of the applicant are adequate to successfully complete this project. The applicant meets the age and membership requirements as set forth in the official rules and regulations.

Extension Agent/Instructor Signature _____ Date _____