



Dairy Partners On-Farm Internship
Student Application

Application must be received by **November 30, 2017**
Please mail, fax or email this application, resumes, references and cover letter to:
Center for Dairy Excellence Attn: Heidi Zimmerman
2301 N. Cameron St. Harrisburg, PA 17110
Fax: 717-705-2342 Email: hzimmerman1@centerfordairyexcellence.org

Applicant Name: _____

Address: _____

Phone Number: _____ **Email:** _____

School: _____ **Current Year in School:** _____

Major: _____

Relevant Dairy Coursework: _____

I have the following years of dairy animal and on farm experience:

_____ None _____ 1-2 years _____ 3+ years

I am willing to/would prefer to participate in an internship outside of Pennsylvania:

_____ Yes _____ No

Name of Academic Advisor: _____

Email of Advisor: _____

1. Please provide a current resume with 3 dairy-related and/or former employer references and cover letter explaining
 - a) Why you are interested in this internship
 - b) What goals you hope to achieve during your internship
 - c) Previous experience with dairy farms and dairy animals
 - d) An idea and focus area for a dairy management improvement project that you would like to carry out during your internship

2. Please provide a letter of recommendation from a dairy-faculty advisor

3. Please rank the top 3 areas you would like to focus on throughout your internship:

_____ Record Keeping

_____ Financial Management

_____ Reproductive Program

_____ Herd Health

_____ Labor Management/Team Building

_____ Nutrition

_____ Milking Procedures

_____ Milk Quality

_____ Genetics

_____ Calf Care

_____ Crop Management and Agronomy

_____ Unique Marketing Opportunities

_____ Rotational Grazing

_____ Pasture Management

Student Signature/Date _____

If selected, the student agrees to fulfillment of all internship requirements (see Internship Expectations). If internship requirements are not met, The Center for Dairy Excellence, PDMP and Dairywomen's Association reserve the right to withhold complete funding to the applicant.

Advisor Signature/Date _____