

The New Mexico Select Beef Heifer Project

Application

Applicant Information:

Applicant Name: _____ County: _____

Address: _____ City, State, Zip: _____

Birth Date: ___/___/___ Age: _____

Home Phone: _____ Cell: _____ Email: _____

4-H Club or FFA Chapter: _____ Grade in School: _____

Parent(s) Information:

Parent(s) Name: _____

Phone: _____ Email: _____

1. List previous experience with beef project (if any): _____

2. How do you plan to handle the financial responsibility? _____

3. Describe your facilities: _____

4. Please attach a separate sheet of paper and describe in 300 words or less why you want to participate in the Select Beef Heifer Replacement Project.

5. If you will be participating with a family owned heifer, please provide a general description of the farm or ranch you live on including the amount of range or pasture, crops and livestock raised.

The New Mexico Select Beef Heifer Project

Application

In signing below, I understand that I will provide all necessary care, and complete all required project activities.

Applicant Signature

Signature

Date

Parent(s) Signature

Signature

Date

Please mail, email or fax to:

Valencia County CES

Attn: Newt McCarty

404 Courthouse Rd.

Los Lunas, NM 87031

Phone: 505-565-3002

Fax: 505-565-1316

Email: jnewton3@nmsu.edu