

# Iowa Holstein Association Master Breeder Award Nomination Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

District: \_\_\_\_\_ County: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Currently Milking or Retired, Explain if needed: \_\_\_\_\_

Milking Herd Size: \_\_\_\_\_

DHI Average:

\_\_\_\_\_ Milk \_\_\_\_\_ % \_\_\_\_\_ Fat \_\_\_\_\_ % \_\_\_\_\_ Protein Year \_\_\_\_\_

\_\_\_\_\_ Milk \_\_\_\_\_ % \_\_\_\_\_ Fat \_\_\_\_\_ % \_\_\_\_\_ Protein Year \_\_\_\_\_

\_\_\_\_\_ Milk \_\_\_\_\_ % \_\_\_\_\_ Fat \_\_\_\_\_ % \_\_\_\_\_ Protein Year \_\_\_\_\_

\_\_\_\_\_ Milk \_\_\_\_\_ % \_\_\_\_\_ Fat \_\_\_\_\_ % \_\_\_\_\_ Protein Year \_\_\_\_\_

Classification Average Score \_\_\_\_\_ BAA% \_\_\_\_\_ # of Head \_\_\_\_\_ Year \_\_\_\_\_

Classification Average Score \_\_\_\_\_ BAA% \_\_\_\_\_ # of Head \_\_\_\_\_ Year \_\_\_\_\_

Classification Average Score \_\_\_\_\_ BAA% \_\_\_\_\_ # of Head \_\_\_\_\_ Year \_\_\_\_\_

Number of years you received the PBR Award? \_\_\_\_\_

Number of years you have been active in the registered Holstein business? \_\_\_\_\_

*Please use additional paper if needed to completely answer the following questions.*

1. Discuss your former/current breeding program.

2. Discuss your major accomplishments in your dairy operation.

3. Do you do your own mating? \_\_\_\_\_ If not, explain:

4. Discuss the criteria used in mating selection.

5. Have you sold any registered Holsteins for breeding purposes to AI, foreign countries, embryos, state and national sales, etc.?

6. Holstein Association Activities at the local, district and state levels:

7. Activities in other Dairy Organizations such as AI, DHIA, Coops, Dairy Promotion, etc.

8. Church and Community Activities:

9. Family Information:

10. Other Comments:

Nominated by \_\_\_\_\_ (local or district officer) Date \_\_\_\_\_

*Please send your completed application to: Iowa Holstein Association, 3422 140th St, Brooklyn, IA 52211  
postmarked no later than November 1.*