



MISSOURI DEPARTMENT OF AGRICULTURE
MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY (MASBDA)

Missouri Dairy Scholars Scholarship Program
Dairy-Related Work Experience/Internship Placement Certification Form

Please Print or Type				
SECTION 1 – ELIGIBLE STUDENT INFORMATION				
Name : Last	First	Middle Initial	Phone Number:	Cell Phone Number:
Address:		City:	Zip:	
E-Mail Address:		County:	Social Security Number:	
SECTION 2 –WORK EXPERIENCE/ INTERNSHIP INFORMATION				
Name of Employing Business/Farm:		Work Phone Number:		
Contact Person/Supervisor:		Cell Phone Number:		
		E-mail Address:		
Mailing Address:				
Physical Location (if different than mailing address):				
Dates of Employment:				
Normal Work Hours (e.g. Monday-Friday 8 a.m. – 5:00 p.m.):				
Total Number of Hours Worked During Term of Employment:				
SECTION 3 – WORK EXPERIENCE/INTERNSHIP DUTIES				
List duties and activities of the dairy-related work experience or internship, with percentage of time allocated to each, in order of amount of time spent. Please be as specific as possible. (e.g. Mixing feed: 50%, staffing dairy education booth at fairs: 25%) Attach additional sheets, if necessary.				
_____				_____%
_____				_____%
_____				_____%
_____				_____%
_____				_____%
SECTION 4 – CERTIFICATION OF INFORMATION				
I certify the information contained in this Placement Certification Form is true, complete and correct.				
Signature of Student:			Date:	
Signature of Employer:			Date:	

Submit to:

MASBDA
DAIRY SCHOLARS PROGRAM
PO BOX 630
JEFFERSON CITY, MO 65102-0630
TELEPHONE: (573) 751-2129
FAX: (573) 522-2416
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