

Kansas Dairy Commission

Warren Winter Memorial Scholarship

Newspaper Information Request

Newspaper Information

Name of Parents

Home Town

Name of Your Cooperative

Name of Newspaper

Address

City _____ State _____ Zip

Optional 2nd Newspaper

Name of Newspaper

Address

City _____ State _____ Zip

I give Kansas Dairy Commission permission to submit a news release pertaining to the above named media or other appropriate publications concerning my involvement in their scholarship program.

Printed Name _____ Signature _____ Date _____

Kansas Dairy Commission

Warren Winter Memorial Scholarship Application

Please Type or Print (**This form must be received by us on or before *March 1***)

You are a reference for: _____

Please tell us about this person. Include things like character, reliability, citizenship and leadership. You may include personal stories if you find them applicable. Feel free to attach an additional sheet of paper if necessary.

Your Name _____ Phone# _____

Address _____

Relationship to Applicant _____

Your Employer and Your Position _____

Your Signature _____ Date _____

**PLEASE RETURN DIRECTLY TO: Kansas Dairy Commission, Stephanie Eckroat
P.O. Box 1530, Hays, KS 67601**

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