



**2017 Equipment Operation, Repair and Maintenance Program**

Deadline for Application is September 8, 2017

Complete the application in type, or print clearly with ink. Use only the space provided.

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Name preferred on name tag: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age (as of Sept 01, 2017): \_\_\_\_\_ School Classification (In Fall of 2017): \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Student's Email: \_\_\_\_\_

Student's Jacket Size (adult): \_\_\_\_\_ Hometown Newspaper: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Parent/Guardian Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Are you enrolled or have you taken any career & technology or vocational training classes?

\_\_\_\_\_  
\_\_\_\_\_

**Career and Job Interests:** *What are your future career interests? What jobs would you consider after school? Use only the space provided, and do not include additional pages.*

**Extra-Curricular Activities:** *List all activities in which you have been involved including school, sports, work, etc. Use only the space provided, and do not include additional pages.*

**Recommendation from Agricultural Sciences Teacher**

**Please respond to the following:**

	Exceptional	Very Good	Average	N/A
Maturity level	_____	_____	_____	_____
Work Ethic	_____	_____	_____	_____
Career Minded	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____
Interest in a career in the beef industry	_____	_____	_____	_____
Dependability and Honesty	_____	_____	_____	_____

**Please advise below as to whether or not this student would be a good fit for the program:**

**Please read before signing:**

I certify that all the statements made in this application are true, complete and correct.

I understand that the number of applicants may be greater than the number of positions. I give permission for this application, including all attachments, to be shared and/or copied for selection purposes. I understand that the final selection of participants is the sole responsibility of Texas Cattle Feeders Association and the appointed selection committee.

If selected, I give permission for photos of my child to be taken and used in promotional materials including but not limited to the TCFA, WT or Extension website, bulletin boards, brochures, videos and slide shows.

If selected, I will attend the entire program.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent / Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Ag Teacher Signature**

\_\_\_\_\_  
**Date**

**Deadline: Application must be received  
NO LATER than September 8, 2017.**

**Please email or fax applications to:**

**Texas Cattle Feeders Association  
Rachel Hernandez  
[rachel@tcfa.org](mailto:rachel@tcfa.org)  
Office (806) 358-3681  
FAX (806) 352-6026**