

Whatcom County Dairy Women
Judy Scholten Scholarship Application
APPLICATION DEADLINE Tuesday March 31, 2026

02/2026/JS

Dear Applicant:

To qualify for this scholarship you must meet at **least ONE** of the following criteria:

- 1) A son or daughter of an active dues paying member of the Whatcom County Dairy Women and/or Whatcom County Dairy Federation or yourself an active member
- 2) A current or past Whatcom County Dairy Ambassador or Alternate
- 3) Worked on a regular basis on a Whatcom County **Dairy** Farm at least one year in the past five years, or lived on an active Whatcom County **Dairy** Farm not less than three cumulative years during your life.
- 4) Yourself and/or parents are a **Dairy** farm employee engaged in **Dairy** operations or employed full time in any support phase of the **Dairy** industry (dairy processor, milk truck driver, milker, veterinary, equipment or feed supplier, etc.)
- 5) Are an Active member of a 4-H Club or FFA Chapter participating in State Contests preferably with a **Dairy** focus (Ag Issues, Dairy Judging, Vet Science, etc.)
- 6) Participation in a **Dairy** focused college organization and or competition

Applicants must be a **FULLTIME Freshman or Sophomore** - at a Community College, Technical College **OR** a four-year College/University, in the Fall of 2026.

Amount of Award: \$1,500* toward tuition for the next academic year. Scholarship monies will be awarded in the **Fall** after proof of fulltime enrollment/student class schedule is provided to the Dairy Women.

Applications are to be **post-marked** by Tuesday, March 31, 2026.

Application procedure:

1. Complete the Scholarship Application Form (application form can be requested by e-mail to wcdairywomen@gmail.com - note "DW JS Scholarship App" in the subject line, **do not** return the completed application to this email address.)
2. Include a copy of your most recent **high school** transcript **and college** transcript (if applicable).
3. Submit **two current** supporting letters from persons of your choice, not a relative.
4. Include a headshot photo for publicity releases.

Completed application is to be returned to:

**Whatcom County Dairy Women
Scholarship Committee
c/o Amber Curry
PO Box 133
Lynden, WA 98264**

Questions can be directed to wcdairywomen@gmail.com, Or call or text cell phone 360-820-9605.

We wish you success as you continue your education and thank you for applying.

Sincerely,

Whatcom County Dairy Women Scholarship Committee

* monies will be awarded each year at the discretion of the Dairy Women Scholarship Committee
(winners of this scholarship are eligible to reapply **one additional year** upon qualification. Applicant will be required to submit a new application form – email wcdairywomen@gmail.com)

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Personal Information Sheet

Name _____ Birth Date _____
Last First MI

Permanent Address _____ Phone _____
(Street, City, State & Zip)

Current Local Address if different from above _____ Email _____
(Street, City, State & Zip)

QUALIFICATION (Circle ALL options that apply and fill in the blanks, at least **one** qualifies you.)

- 1) Son or daughter of an Active (dues paying) member of Dairy Women and/or Dairy Federation or yourself an active member
- 2) Current or Past Whatcom County Dairy Ambassador or Alternate _____ (year)
- 3) Lived on an active **Dairy** Farm for at least 3 years _____ (dates)
- 4) Worked on a regular basis on a **Dairy** Farm for at least 1 year _____ (dates & for who)
- 5) Yourself and/or parents are a **Dairy** farm employee engaged in **Dairy** operations or employed full time in any support phase of the **Dairy** industry _____ (farm/business/dates)
- 6) Active member of a 4-H Club or FFA Chapter participating in **State Contests** preferably with a **Dairy** focus
 _____ (club/chapter) & _____ (contest(s))
- 7) Participation in a **Dairy** focused college organization and or competition
 _____ (club/chapter) & _____ (contest(s))

Parents name: Father _____ Mother _____
 High School Cumulative G.P.A. _____ Credits enrolled Fall 2026 _____
 College Cumulative G.P.A. _____ (if applicable) Year in College Fall of 2026 ___FR___ SOPH
 Degree Program you plan to pursue and proposed occupation _____
 I received **this** scholarship last year - YES or NO (circle one)

Educational Background

Name of school or college (begin with high school)	Address	Dates of Attendance	Year Graduated or left/ and Credits Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

On a separate piece(s) of paper:

- 1) Please list your major achievements, honors or awards.
- 2) List any extracurricular activities (in school and the community) and work experience.
- 3) Please attach **two current** supporting letters of recommendation from persons of your choice, not a relative.
- 4) Please attach a copy of your most recent high school transcript and college transcript (if applicable)
- 5) **ESSAY:** In 750 words or less please describe your qualifications, career objectives, life goals and why you want **this** scholarship.

I hereby certify that the information in this application is true and correct to the best of my knowledge. I authorize the release of my grade transcript to the members of the scholarship committee. If I receive a scholarship, I authorize Whatcom County Dairy Women to do publicity.

 Signature _____
 date