



## **Ohio Farmer Master Farmer Award Nomination Form**

In 1926 The Ohio Farmer joined some 20 other farm publications to honor the work of farmer in the state each year for their leading roles in agriculture, citizenship and good family living. Those chosen for the award have been recognized for their achievements in “Good Farming, Clear Thinking and Right Living.” The Ohio Master Farmer Award is a sincere effort to honor top Ohio farmers who have generously devoted their time and energy to building stronger communities and better agriculture.

The awards are presented in March.

Supporting letters from the nominees pastor, county extension agent, banker, or other agricultural or civic leaders will strengthen the nomination. These letters will be forwarded to the judges for viewing. Application deadline is January 15, 2017.

Send completed nomination form and supporting letters to: Editor  
[Jennifer.Kiel@Penton.com](mailto:Jennifer.Kiel@Penton.com)

Nominee's name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ County of residence: \_\_\_\_\_

Age: \_\_\_\_\_ Years of schooling: \_\_\_\_\_

Years as a farmer: \_\_\_\_\_ Years on present farm: \_\_\_\_\_

Acres owned: \_\_\_\_\_ Acres rented: \_\_\_\_\_ Acres operated: \_\_\_\_\_

Tillable acres: \_\_\_\_\_ Grazing or non-tillable acres: \_\_\_\_\_

Percent of total annual income from farming \_\_\_\_\_

Number of days spent in off-farm employment \_\_\_\_\_

What type of off-farm employment \_\_\_\_\_

Credit source with contact name \_\_\_\_\_

\_\_\_\_\_

Is nominee married? \_\_\_\_\_ Is spouse living? \_\_\_\_\_

Spouse's name \_\_\_\_\_ If children, how many? \_\_\_\_\_

List below the names of children, education, and where living. Please list married daughters by given name and husband's full name.

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What type of farming innovations has nominee used?

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What type of soil conservation does nominee practice?

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What seems to be the strongest point in this operation?

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What seems to be the weakest point?

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Is the nominee active in farm and commodity organizations? List offices held and other responsibilities.

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Is the nominee active in extension, FSA, civic or service organizations, etc.? List offices held and other responsibilities.

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Other positions of responsibility in the community.

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Person making this nomination:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relation to nominee \_\_\_\_\_