

# 2025 Dairy Princess Eligibility Form

## Candidate Information

Name of Candidate: \_\_\_\_\_ County\*: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Cell Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Names of Parent or Guardian: \_\_\_\_\_

## Minnesota Dairy Farm Information

For eligibility options below, please provide the following:

Minnesota Farm that contributes to checkoff: \_\_\_\_\_  
Farm Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_  
Name of plant to which farm sells milk to: \_\_\_\_\_

*\*If your family farm or place of employment is in a county different than where your home is based, you may choose to compete in either county, but must choose only one county.*

## Eligibility

Individuals are eligible to compete in the Minnesota Dairy Princess Program based on meeting one of the following four criteria. Select which one of the criteria qualifies you as a candidate.

1. \_\_\_\_\_ Either you, your parents, or guardians must be actively engaged in the production of milk for sale to a licensed plant at some time during the current year prior to the local contest. You still qualify if a brother or sister has taken over the family farm. The farm must contribute to the Minnesota dairy promotion checkoff.
2. \_\_\_\_\_ Either you, your parents, or guardians are employed part time or full time on a dairy farm in a dairy related capacity. The farm must contribute to the Minnesota dairy promotion checkoff. Your county ADA board has determined you demonstrate reasonable commitment throughout the year. If requested, you could provide verification of this employment.
3. \_\_\_\_\_ Either you, your parents or guardians care for/and or custom raise dairy cattle that will return to farms who contribute to the dairy promotion checkoff.
4. \_\_\_\_\_ Either you, your parents or guardians own or lease a dairy animal or more that are housed on another dairy farm. You participate on that farm without pay in exchange for the care and housing of those animals. The county ADA board must determine that you demonstrate a reasonable commitment throughout the year and could provide verification of such if requested.

## General Candidate Eligibility Checklist (must meet all of the following items)

Please initial each of the following statements regarding eligibility.

1. \_\_\_\_\_ I am a female U.S. citizen or female Permanent U.S. Resident<sup>1</sup>. \_\_\_\_\_ (County Coordinator initials)
2. \_\_\_\_\_ I have not been Princess Kay or a Princess Kay Finalist in any previous year.
3. \_\_\_\_\_ I am single, never been married.
4. \_\_\_\_\_ I am not pregnant or have not had any children at any time prior to the contest or during my reign.
5. \_\_\_\_\_ I am a high school graduate and not yet 24 years old on July 1 of the year of the contest. A GED is acceptable.
6. \_\_\_\_\_ I have not, and will not receive a conviction, or be on probation for any offenses involving the use or possession of alcohol, illegal drugs, or tobacco.
7. \_\_\_\_\_ I have not, and will not receive a conviction, or be on probation for any felony offense involving conduct that is considered contrary to community standards of justice, honesty or good morals.
8. \_\_\_\_\_ I am a genuine user of dairy products and a passionate supporter of the dairy industry.
9. \_\_\_\_\_ I do not participate or am not associated with the sale of raw milk directly to consumers.

<sup>1</sup> Must show I-9 compliant documentation of standards for citizenship verification. I-9 acceptable documentation includes a document from List A or a combination of documents from List B and List C.

**If you have any questions regarding eligibility, please reach out to Janet Bremer at [princesskaycoordinator@midwestdairy.com](mailto:princesskaycoordinator@midwestdairy.com).**

## Statement of Disclosure

Princess Kay may not hold any other state titles of state leadership positions. Please disclose the following:

1. Do you currently hold other state titles (i.e. State FFA office, livestock royalty, etc.) Yes No
  - a. If yes, list all titles: \_\_\_\_\_
  - b. If selected as a top 10 finalist and named Princess Kay, I agree to resign my other state leadership positions immediately upon coronation Yes No

*IF selected as a Princess Kay Finalist*

- ✓ You are eligible to compete for a \$1,000 scholarship to the college of your choice.
- ✓ You will attend a two-day development session on **July 10-11, 2025**
- ✓ You will advance to the Princess Kay Judging Competition on **August 18-20, 2025**
- ✓ You will be scheduled to appear in a public relations capacity for at least four days of the 2025 Minnesota State Fair whether or not you win the Princess Kay title.
  - You will **not** be able to participate in other activities during this time such as FFA and 4-H activities, showing cattle, queen activities for other pageants, or a job which could prohibit you from serving your time during the fair, etc.
- ✓ Princess Kay does sign a contract which states that she will be available for the entire twelve (12) days of the fair and other appearances throughout the year.

**The eligibility rules apply to those competing for Princess Kay of the Milky Way. The county ADA board, and when applicable, the Princess Kay Committee, reserves the right to dismiss a dairy princess at their discretion. If there is any question regarding any of the eligibility rules, the dairy princess candidate or dairy princess should bring that forward to their county coordinator.**

I have read and agree to the above eligibility requirements which applies beginning at my county coronation through the end of my reign as a dairy princess. I understand that falsification of any responses could result in my dismissal if selected as a dairy princess.

\_\_\_\_\_  
Dairy Princess Candidate Name Candidate Signature Date

\_\_\_\_\_  
*Optional if candidate is over 18* Parent/Guardian Signature Date  
Parent/Guardian Name

\_\_\_\_\_  
Farmer contributing to checkoff Name Farmer Signature Date

I have reviewed the eligibility requirements of this candidate and confirm that she meets these requirements.

\_\_\_\_\_  
County ADA Chair Name County ADA Chair Signature Date

*(Or other officer if chair is parent, guardian, or employer of candidate. If a county ADA board does NOT exist, then and only then a processor representative of a dairy co-op where a candidate's milk is marketed may sign.)*

**Please scan and email this form, with appropriate signatures, to  
princesskaycoordinator@midwestdairy.com by April 18, 2025**