

# ABLA Foundation Flock Program Application



## Applicant Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Do you currently own sheep? \_\_\_\_\_

If yes, what breed? \_\_\_\_\_

Do you have experience caring for livestock? \_\_\_\_\_

If yes, what species? \_\_\_\_\_

Do you have a local sheep mentor? \_\_\_\_\_

If no, are you open to guidance from an ABLA mentor? \_\_\_\_\_

Do you understand that you must be present at the National Border Leicester Sale in Greenville, OH to receive your flock? \_\_\_\_\_

Do you understand that this is a considerable investment on the part of your  
donor(s)? \_\_\_\_\_

What does “dual-purpose breed” mean to you? \_\_\_\_\_

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What does responsible shepherding look like to you? \_\_\_\_\_

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How do you plan to manage your flock (pasture-based, dry-lot, etc.)? \_\_\_\_\_

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What attracted you to the Border Leicester breed? \_\_\_\_\_

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What are your flock goals? \_\_\_\_\_

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How do you think Border Leicesters will help you meet those goals? \_\_\_\_\_

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How do you plan to promote the Border Leicester breed? \_\_\_\_\_

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What else should we know about you? \_\_\_\_\_

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**Please send completed application with reference contact information to Lydia Smith  
at [echoridgeflock@gmail.com](mailto:echoridgeflock@gmail.com) by March 15th, 2025.**

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**Applicant Signature**

**Parent/Guardian Signature**

**Reference**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_