



SCHOLARSHIP PROGRAM APPLICATION

317 3rd Street NW • Sioux Center, IA 51250 • 712-722-2671 • www.farmerscoopociety.com

Qualifications

Farmers Coop Society will help ensure a strong future for the agricultural industry by awarding scholarships to high school students pursuing ag-related degrees or with an ag or rural background. Applicant qualifications are: (1) a graduating high school senior who will enroll in college or technical school this fall, (2) possess a GPA of 3.0 or better, (3) a designated major or interest in an ag-related field or (4) ag or rural background.

Recipients are selected based on academic achievement, leadership characteristics, and ag-related community involvement. Scholarships will be awarded to an individual only one time.

Application Deadline: March 16 Postmark

Personal Data

NAME (First, Middle Initial & Last Name) _____

ADDRESS (Street, P.O. Box, City, State, Zip) _____

PHONE# _____ DATE OF BIRTH _____

NAME OF PARENT(S) OR GUARDIAN(S) _____

OCCUPATION OF MOTHER _____ OCCUPATION OF FATHER _____

COUNTY OF PERMANENT RESIDENCE _____

Education

COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL YOU PLAN TO ATTEND: _____

CITY _____ STATE _____

WHAT DO YOU PLAN AS YOUR MAJOR COURSE OF STUDY: _____

BRIEFLY DESCRIBE YOUR CAREER GOALS: _____

BRIEFLY DESCRIBE YOUR AG/RURAL BACKGROUND: _____

Extracurricular Activities/Community Involvement

BRIEFLY LIST YOUR INVOLVEMENT IN CIVIC ORGANIZATIONS AND EXTRACURRICULAR ACTIVITIES IN HIGH SCHOOL (Such as 4-H, student government, sports, musicals, student publications, church, etc. - use back if needed)

BRIEFLY LIST ANY SCHOOL AND COMMUNITY HONORS RECEIVED (use back if needed) _____

HAVE YOU WORKED WHILE IN HIGH SCHOOL: ____ YES ____ NO IF YES, TYPE OF WORK PERFORMED:

Vision of Agriculture

BRIEFLY DESCRIBE YOUR VISION FOR THE FUTURE OF AGRICULTURE (use back if needed) _____

WHAT AG-RELATED LEADERSHIP HAVE YOU DEMONSTRATED (use back if needed) _____

References

Please include three individual letters (other than relatives) and your high school transcript (converted to a 4.0 scale) with this application and mail to:

Scholarship Program, P.O. Box 382, Sioux Center, IA 51250

SIGNATURE OF APPLICANT: _____ DATE: _____

To Be Completed By High School Principal Or Counselor

NUMBER OF STUDENTS IN GRADUATING CLASS: _____ APPLICANT'S RANK IN CLASS: _____

GIVE SCORES FOR THE FOLLOWING: ACT: _____ SAT: _____ OTHER: _____

EVALUATE APPLICANT ON SCHOLASTIC APTITUDE, VOCATIONAL PROMISE, ACHIEVEMENT, INTEGRITY & LEADERSHIP ABILITIES: _____

HIGH SCHOOL: _____

SIGNATURE OF PRINCIPAL OR COUNSELOR



Eight (8) \$1,000 scholarships will be awarded.
Application Deadline is March 16 postmark.
Permission granted to photocopy application.