



SCHOLARSHIP PROGRAM *Application*

317 3rd Street NW • Sioux Center, IA 51250 • 712-722-2671 • www.farmerscoopsociety.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: April 16th Postmark

Personal Data

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
ADDRESS: Street, P.O. Box, City, State, Zip			AREA CODE/PH. NUMBER
NAME OF PARENT(S) OR GUARDIAN(S)			OCCUPATION OF MOTHER
COUNTY OF PERMANENT RESIDENCE			OCCUPATION OF FATHER

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, scholastic programs, 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: _____

Partnering with Producers for Mutual Success

**Five (5) \$500 scholarships
will be awarded.**



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