

Scholarship Program and Application

Objectives

The primary goal of the Allied Cooperative Scholarship Program is to encourage area youth to prepare for a career in agriculture. This scholarship program is designed to provide college financial assistance to Allied Cooperative members and/or their dependents.

Scholarship Amount

Allied Cooperative will offer 25 - \$1,000 scholarships to full-time students pursuing a two- or four- year degree or farm and industry short course program.

Twenty of the scholarships will be designated for students pursuing careers in agriculture. Five of the scholarships will be designated for students pursuing non-agricultural careers. The number of scholarships awarded may vary based on quantity and quality of applications.

\$1,000 Scholarship Eligibility/Instructions

- 1. Applicant shall be an Allied Cooperative member or a dependent of an Allied Cooperative member at the time of application.
- 2. Applicant shall be a full-time student that has been accepted into a college program.
- 3. Scholarships are based on scholastic achievement, leadership, and a written essay.
- 4. Applicant must submit:
 - Completed application form
 - Your high school and current grade transcript
 - A short essay on the importance of cooperatives and your future career goals.
 - A photo for follow-up publicity. (Digital photos preferred. Photos may be submitted to info@allied.coop. Reference scholarship application when emailing photo.)

Application Deadline

Applications must be postmarked no later than March 31st of the current year. Scholarships given to high school students will be awarded at high school awards banquets whenever possible. If it is not possible to award the scholarship in person, recipients will be notified by mail by the end of May.

Mail to:

Allied Cooperative Attn: Scholarship Committee PO Box 729 Adams, WI 53910



Scholarship Application

Application Information

Name - Last, First, Middle				Birthdate				Phone Number	
Address					iity	State			Zip
Email				C	Current Status (check one) High School	<u> </u> 	College		Non-traditional
re you an Allied member or a dependent of an <i>i</i> Yes	Allied Coopera	ative member?		٨	Member Account Number (if	f applicable)			
ame of Father/Guardian	Fath	er's Occupation	n	N	lame of Mother/Guardian	Mother			s Occupation
Address of Parent/Guardian (if different than you	rs)			C	iity	State			Zip
/hat school do you currently atten	d?								
hat is the name of your Guidance	Counselo	or? (if appli	cable) _						
hat college or short course progra	am will yo	u be atten	iding?						
hat will your academic major be i	n college	?							
ow will this scholarship assist you	?								
mployment									
Employer		Position/Title				Period of Employment			
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References

Please provide the names and contact information for three personal references. (no relatives please)

Name	Address	Phone Number

Essay

Please attach an essay addressing both the importance of cooperatives and your future career goals.

Signatures

Student Signature	
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Parent's Signature (if applicant is a minor)	

Return completed application along with your essay, high school transcript and photo by March 31, 2024 to:

Allied Cooperative Attn: Scholarship Committee P.O. Box 729 Adams, WI 53910 info@allied.coop