

KEY COOPERATIVE

COMMUNITY SCHOLARSHIP PROGRAM

2025-2026 ACADEMIC YEAR



THE PROGRAM

The Key Cooperative Community Scholarship Program recognizes and encourages the academic achievement of high school seniors graduating from schools in communities where Key Cooperative has a presence. Twelve high school seniors will receive non-renewable scholarships of \$1,000 each. Awards are granted without regard to race, color, creed, religion, age, gender, disability, or national origin. Dependents of Key Cooperative employees and/or Directors are not eligible for this scholarship.

ELIGIBILITY

Applicants to the program must:

- Be a United States citizen
- Have a parent or guardian that is a Class A or Class B member of Key Cooperative, in good standing
- Be a high school senior who will be graduating in 2026
- Have a minimum cumulative non-weighted Grade Point Average (GPA) of 2.65 based on a 4.0 scale
- Plan to enroll in a full-time undergraduate course of study at an accredited two or four-year college, university, vocational or trade school program in the U.S.
- Major course of study in an agricultural or Ag-business field. Other acceptable majors are: animal science, communications, information systems, accounting, human resources, carpentry or masonry construction

AWARDS

Up to twelve \$1,000 scholarships will be awarded each year. Recipients must enter college as a full-time student in the fall term following selection. Awards are for full-time undergraduate study only and are not renewable.

APPLICATION PROCEDURE

All completed applications should be returned to: Key Cooperative, Attn: **Sara Clausen, 13585 620th Avenue, Roland, IA 50236** by **March 23, 2026**. Only one copy of the application and necessary documentation is required. Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. All information received is considered confidential.

SELECTION ON RECIPIENTS

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, and an outside appraisal. Financial need is not considered. Selection of recipients is made by the Scholarship Committee of Key Cooperative. The scholarship recipients will be recognized at their school's awards night. Not all applicants to the program will be selected as recipients.

PAYMENT OF SCHOLARSHIPS

Payment for the entire scholarship award is made during the first week of June 2026. A check is mailed to the recipient's home address and is made payable jointly to the student and the college and must be endorsed by both.

OBLIGATIONS

Recipients have no obligation to Key Cooperative. They are, however, required to supply Key Cooperative with information when requested and to notify Key Cooperative of any changes of address, school enrollment, or other relevant information.

REVISIONS

Key Cooperative reserves the right to review and make changes to the conditions and procedures of this scholarship program, including termination of the program.

ADDITIONAL INFORMATION

The Key Cooperative community scholarship application is available on the Key Cooperative website, www.keycoop.com, or by contacting your local Key Cooperative office by e-mail or telephone.

KEY COOPERATIVE

COMMUNITY SCHOLARSHIP

PROGRAM 2025-2026 ACADEMIC

YEAR



TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

APPLICATION POSTMARK DEADLINE: **MARCH 23, 2026**

APPLICANT DATA

LAST NAME _____ FIRST _____ MIDDLE INITIAL _____
PERMANENT HOME
MAILING ADDRESS _____ APARTMENT # _____
CITY _____ STATE _____ ZIP CODE _____
PHONE _____ DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____
EMAIL ADDRESS _____

PARENT OR GUARDIAN DATA

LAST NAME _____ FIRST _____ MIDDLE INITIAL _____
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____ APARTMENT # _____
CITY _____ STATE _____ ZIP CODE _____
DAYTIME PHONE _____ EMAIL ADDRESS _____
ACCOUNT NUMBER (PARENT OR GUARDIAN MUST BE A CLASS A OR B MEMBER OF KEY COOPERATIVE) _____

HIGH SCHOOL DATA

SCHOOL NAME _____ GRADUATION DATE _____
CITY _____ STATE _____ ZIP CODE _____

POST- SECONDARY SCHOOL DATA

NAME OF POSTSECONDARY SCHOOL YOU PLAN TO ATTEND. (IF UNKNOWN, PLEASE LIST IN ORDER OF PREFERENCE THE SCHOOLS TO WHICH YOU HAVE APPLIED.) **USE OFFICIAL SCHOOL NAMES. DO NOT USE ABBREVIATIONS.**

CITY _____ STATE _____

CITY _____ STATE _____

- ☐ 4 YR. COLLEGE OR UNIVERSITY
☐ 2 YR. COMMUNITY OR JUNIOR COLLEGE

- ☐ VOCATIONAL-TECHNICAL SCHOOL
☐ OTHER, EXPLAIN _____

MAJOR OR COURSE OF STUDY _____

EXPECTED GRADUATION DATE _____

ANTICIPATED DEGREE:

- ☐ BACHELOR'S
☐ ASSOCIATE

- ☐ CERTIFICATE
☐ OTHER _____

IF SPACE PROVIDED IN ANY SECTION IS INADEQUATE, YOU MAY CONTINUE ON ADDITIONAL SHEETS OF PAPER USING THE SAME FORMAT. DO NOT REPEAT INFORMATION ALREADY REPORTED ON THE APPLICATION FORM. YOUR NAME, ADDRESS AND NAME OF THIS SCHOLARSHIP PROGRAM SHOULD BE INCLUDED ON ALL ATTACHMENTS.

WORK EXPERIENCE DESCRIBE YOUR WORK EXPERIENCE DURING THE PAST FOUR YEARS (E.G., FOOD SERVER, BABYSITTING, LAWN MOWING, SUMMER EMPLOYMENT AT A BUSINESS OR FARM, ETC.). INDICATE DATES OF EMPLOYMENT.

EMPLOYER/POSITION	FROM-MONTH/YEAR	TO-MONTH/YEAR

ACTIVITIES LIST ALL ACTIVITIES IN WHICH YOU HAVE PARTICIPATED DURING THE PAST FOUR YEARS (E.G., STUDENT GOVERNMENT, MUSIC, SPORTS, ETC.). LIST ALL COMMUNITY ACTIVITIES IN WHICH YOU HAVE PARTICIPATED WITHOUT PAY DURING THE PAST FOUR YEARS (E.G., BOY/GIRL SCOUTS, HOSPITAL VOLUNTEER, SPECIAL OLYMPICS).

ACTIVITY	NO. OF YRS.	ACTIVITY	NO. OF YRS.

GOALS AND ASPIRATIONS PLEASE SUPPLY A 500 WORD STATEMENT OR SUMMARY OF YOUR PLANS AS THEY RELATE TO YOUR EDUCATIONAL AND CAREER OBJECTIVES AND LONG-TERM GOALS.



APPLICATION CHECKLIST THE STUDENT IS RESPONSIBLE FOR SUBMITTING ALL MATERIALS TO KEY COOPERATIVE ON TIME. THIS APPLICATION FOR SCHOLARSHIP BECOMES COMPLETE AND VALID ONLY WHEN KEY COOPERATIVE HAS RECEIVED ALL OF THE FOLLOWING MATERIALS:

- ☐ STUDENT APPLICATION
- ☐ TWO LETTERS OF RECOMMENDATION WITH AT LEAST ONE FROM A CURRENT HIGH SCHOOL INSTRUCTOR
- ☐ COPY OF HIGH SCHOOL TRANSCRIPT

CERTIFICATION

I ACKNOWLEDGE DECISIONS OF KEY COOPERATIVE ARE FINAL. I CERTIFY THAT I MEET THE BASIC ELIGIBILITY REQUIREMENTS OF THE PROGRAM AND THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. IF REQUESTED, I AGREE TO GIVE PROOF OF INFORMATION I HAVE GIVEN ON THIS FORM. FALSIFICATION OF INFORMATION MAY RESULT IN TERMINATION OF ANY SCHOLARSHIP GRANTED.

APPLICANT'S SIGNATURE (REQUIRED) _____ DATE _____

PARENT'S SIGNATURE (REQUIRED) _____ DATE _____

PARENT'S NAME (PRINTED) _____ DAY TELEPHONE _____

ALL COMPLETED APPLICATIONS SHOULD BE RETURNED BY **MARCH 23, 2026** TO:

**KEY COOPERATIVE
ATTN: SARA CLAUSEN
13585 620TH AVE.
ROLAND, IA 50236**