

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

Name - Last, First, Middle		Birthdate	Birthdate		Phone Number			
Address			City	State	State		Zip	
Email			Current Status (check one	2)				
Littaii			High School		College Non-tradition		Non-traditional	
Are you an Allied member or a dependent of an Allied Cooperative member? Yes No			Member Account Number (if applicable)					
Name of Father/Guardian	Father's Occupation	n	Name of Mother/Guardia	n		Mother's	s Occupation	
Address of Parent/Guardian (if different than yours)			City	State		•	Zip	
What school do you currently attend? _			•					
What is the name of your Guidance Cou	nselor? (if appli	cable) _						
Vhat college or short course program w	vill you be atten	ding?						
Vhat will your academic major be in col								
How will this scholarship assist you?								
mployment								
Employer		Position/Title			Period of Employment			
Activities lease list major school and community	activities you p	articipate	ed in while in high so	chool or collec	ge. (spec	ify the	year(s))	
Name of Activity	Year(s)		Name of Activity	/			Year(s)	
-								

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			
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