



## **ALLIED COOPERATIVE SCHOLARSHIP PROGRAM**

### **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 twelve \$1,000 scholarships to full-time students, with a preference given to agricultural majors. The number of scholarships awarded may vary based on quantity 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. (Preference may be given to a student pursuing an agricultural degree.)
3. Applicant must submit:
  - Completed application form
  - Your high school and current grade transcript
  - Short essay on the role of agriculture in the community and your future career goals
  - A photo for follow-up publicity (Digital photos preferred. Photos may be submitted to [info@allied.coop](mailto:info@allied.coop). Reference scholarship application when emailing photo.)

### **Application Deadline**

The final date for application is April 1, 2020.

### **Mail to:**

Applications must be mailed to:  
Allied Cooperative  
Attn: Karmen Bernacchi  
P.O. Box 729  
Adams, WI 53910



**ACTIVITIES**

Major school and community activities including while in high school or college: (Specify the year.)

<u>Name of activity</u>	<u>Year</u>	<u>Name of Activity</u>	<u>Year</u>
a. _____	_____	f. _____	_____
b. _____	_____	g. _____	_____
c. _____	_____	h. _____	_____
d. _____	_____	i. _____	_____
e. _____	_____	j. _____	_____

**REFERENCES**

Give the names and contact information for three personal references: (no relatives please)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**SIGNATURE**

Signature: \_\_\_\_\_

Parent's Signature (if applicant is a minor): \_\_\_\_\_

*Return completed application along with high school transcript, essay, and photo by April 1, 2020 to:*  
Allied Cooperative  
Attn: Karmen Bernacchi  
P.O. Box 729  
Adams, WI 53910  
info@allied.coop