

2019 DECATUR COOPERATIVE ASSOCIATION
SCHOLARSHIP APPLICATION

Name of Applicant _____

Parents Name _____

Phone Number _____

Mailing Address _____

College or Vocational School you will be attending: _____

Grade Point Average _____ ACT Score _____ Class Rank _____

1. School Involvement (Drama, music, forensics, sports, clubs, honors, awards etc.) _____

2. Community Involvement (Church, 4-H, clubs, organizations, etc.) _____

3. Short Essay About Yourself, Including Future Plans _____

4. Comments (Why I should be considered for this award) _____

Signature of Student _____ Date _____

Recommended By (School Official) _____

****DEADLINE FOR APPLYING****

****Must be turned in to the Oberlin office by 5:00 p.m. on April 1st ****

Mailing address: Decatur Co-op Association, P.O. Box 68, Oberlin, KS 67749

You may attach additional pages if needed