

# Co-Alliance Solutions Scholarships

Scroll down for application to complete and PRINT. The requirements for students who apply are...

- ✓ must be a high school senior planning to graduate this spring 2014
- ✓ must have a parent or grandparent as member of cooperative (Member ID # required)
- ✓ qualifying local cooperatives (in the Co-Alliance partnership) are Midland, IMPACT, LaPorte County Co-op, Frontier and Excel Co-op
- ✓ must be planning to enter agriculture field
- ✓ must print and mail with other requested documentation
- ✓ must submit before March 31, 2014 deadline

Awards are announced in May and June at the schools.

One-time scholarships of \$1,000 each are presented to students.



## \$20,000 each year!



# Solutions Scholarship 2014 Application

5250 E US Hwy 36  
Building 1000  
Avon, IN 46123  
toll-free (800) 525-0272  
phone (317) 745-4491

This application and your transcript must be received in the Avon corporate office on or before **March 31, 2014**. Do not mail to your local co-op branch.

This scholarship is a one-time \$1,000 award based on achievement, leadership and personal initiative. Winners will be notified in May/June. It is open to all graduating high school seniors (pursuing agricultural-related education at an accredited college or university) who are children or grandchildren of current co-op members. Current co-op director/employee children and grandchildren are excluded. This application must be accompanied by a **current transcript**.

## STUDENT APPLICANT INFORMATION

Full Name	<input type="text"/>	Date of Birth	<input type="text"/>	SSN or I.D.#	<input type="text"/>
Mailing Address	<input type="text"/>				
City/State/Zip	<input type="text"/>			County	<input type="text"/>
Name of Father/Guardian	<input type="text"/>		Name of Mother/Guardian	<input type="text"/>	
Home Telephone	<input type="text"/>		Cell Telephone	<input type="text"/>	

## HIGH SCHOOL EDUCATION

High School	<input type="text"/>	Telephone	<input type="text"/>
Address of School	<input type="text"/>	City/State/Zip	<input type="text"/>
Name of Counselor	<input type="text"/>	Grade Point Average	<input type="text"/>

## GRADUATION CONFIRMATION

This is to certify that (student name)  will graduate from (school name)  following the spring 2014 semester. (Obtain signature and title of school official here)

## COLLEGE/UNIVERSITY PLANS

School Name	<input type="text"/>	Location	<input type="text"/>
Area of Study/Major	<input type="text"/>		

## EXTRACURRICULAR NOTES

In the space provided, please list key extracurricular participation, club activities, awards earned, and other achievements of which you are proud. Include dates and be as detailed as possible.

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## 2014 Solutions Scholarship

Student Applicant Name

The Solutions Scholarship is designed for children and grandchildren of current members of the Co-Alliance partnering cooperatives. **Children and grandchildren of current co-op directors and employees are excluded from consideration.** Please indicate membership below to confirm your eligibility.

☐ Midland

☐ IMPACT

☐ LaPorte County Co-op

☐ Frontier

☐ Excel

 Member  
Name:

 Date of Birth  
of Member:

 Patron I.D.# of Member  
(required for processing)

 Local Co-op Branch this  
Member Primarily Uses:

Relationship to Member:

### ESSAY: PLEASE ATTACH TYPED PAGE WITH YOUR NAME AT TOP.

At Co-Alliance, we see a bright future in agricultural production, and look forward to partnering with tomorrow's most progressive young producers, delivering innovative solutions to help them achieve their goals. We also look forward to recruiting tomorrow's brightest ag industry leaders. In at least 500 words, please share **three reasons** why you also believe in the future of agribusiness, and why you've chosen it as your intended area of study.

### TWO REFERENCE CONTACTS

Print Reference Name #1

Title

Telephone

Instructions to Reference Person: In the space provided, or on an attached page, please provide your assessment of this applicant. Specifically define what you admire: for example, leadership skills, academic ability, work ethic, character, personality traits, reliability or initiative. Thank you.

Print Reference Name #2

Title

Telephone

Instructions to Reference Person: In the space provided, or on an attached page, please provide your assessment of this applicant. Specifically define what you admire: for example, leadership skills, academic ability, work ethic, character, personality traits, reliability or initiative. Thank you.

By signing, I indicate that, to the best of my knowledge, the information provided is true and accurate.

Signed by student

Date

Signed by parent/guardian

Date

Keep a copy and mail originals to:

**Co-Alliance, LLP**  
**ATTN: SOLUTIONS SCHOLARSHIP**  
**5250 E. US Hwy 36**  
**Building 1000**  
**Avon, IN 46123**



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 on or before March 31, 2014. **Do not mail to your branch.**  
 Mail to the address provided. Thank you.