StateLine Cooperative
Real People. Real Pride.

StateLine Cooperative
Agricultural Scholarship Application

Name: _____ _____ _____
First M Last

Address: _____ _____ _____ _____
Street/P.O. City State Zip

Phone #: _____ Date of Birth: _____

Parent(s) Name(s): _____ _____
First Last

Name of High School you are graduating from: _____

Name of specialized school or college you plan to attend: _____

What specific career are you planning? _____

What year and semester will you plan on starting? _____

What is the length of the course? _____

List subjects and grades earned in high school that correspond with your chosen field and career:

_____ _____ _____
_____ _____ _____
_____ _____ _____

List any community service activities that you have been involved in during your high school career:

_____
_____
_____

Write several paragraphs explaining why you have chosen this career and include what your short or long term goals are. Please use a separate sheet of paper and attach it to this application.

List three references: _____ _____
Name Phone #

_____ _____
Name Phone #

_____ _____
Name Phone #

Signature: _____ Signature: _____
Applicant Parent/Guardian