# CoMark Equity Alliance
# Agricultural Scholarship

**PERSONAL INFORMATION:**

Name: _____

Phone: _____ E-mail: _____

Home Address: _____

City, State, Zip: _____

High School: _____

Cumulative GPA: _____ Graduation Date: _____

Intended University/College/Tech School: _____

Major(s): _____ Minor(s): _____

**ELIGIBILITY:**

Name of Local Grain Cooperative: _____

Member's Name: _____

Relationship to Member: _____

**COMMUNITY INVOLVEMENT:**

Activity/Organization: _____ Years Active: _____

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Activity/Organization: _____ Years Active: _____

Activity/Organization: _____ Years Active: _____

Activity/Organization: _____ Years Active: _____

Activity/Organization: _____ Years Active: _____

Activity/Organization: _____ Years Active: _____

Activity/Organization: _____ Years Active: _____

**ACTIVITIES/AWARDS/OFFICES HELD:**

_____ Years Active: _____

_____ Years Active: _____

_____ Years Active: _____

_____ Years Active: _____

_____ Years Active: _____

_____ Years Active: _____

_____ Years Active: _____

_____ Years Active: _____

_____ Years Active: _____

_____ Years Active: _____

_____ Years Active: _____

_____ Years Active: _____

Describe your agricultural background and/or previous agricultural experiences:

Briefly describe your current education plans and/or goals:

Why are you deserving of this scholarship:

Signature: _____ Date: _____

*Reference letters, transcripts and additional materials are not required and should NOT be submitted.

Submission Deadline: **April 15, 2025**

Questions? Reach out to us at scholarships@ceagrain.com