



Cooperative Farmers Elevator Scholarship Application

2018-2019 ACADEMIC YEAR

Application Due Date: April 1, 2019

Cooperative Farmers Elevator is offering (10) ten \$1,000 scholarships to high school seniors pursuing an agricultural-related major at a technical school or college this fall.

Full Name: _____ Birthdate: _____

Address: Street, PO Box, City, State, Zip _____

Email: _____ Phone: _____

Name of Parent(s) or Guardian(s): _____

Mother Occupation: _____ Father Occupation: _____

High School Name and Address: _____

High School Guidance Counselor Name: _____ Phone: _____

College, University or Technical School you plan to attend: _____

Address: Street, PO Box, City, State, Zip _____

Expected Major: _____

Name of hometown newspaper: _____ Phone: _____

ESSAYS:

Please complete 2 of the 3 essays and attach them to your scholarship application, limiting each to 500 words.

1. What value do local agricultural cooperatives bring to your communities?
2. CFE's vision statement is this, "Your most trusted partner in feeding the world now and in the future." What does this mean to you?
3. What 3 things have you learned that would prepare you for a career in agriculture?

"PASSIONATELY DRIVING SUCCESS IN EVERYTHING WE DO FOR OUR CUSTOMERS, EMPLOYEES, AND COMMUNITIES."

APPLICANT AGREEMENT:

Please read carefully; By signing this agreement, it is agreed that I have read the CFE Scholarship guidelines and fully understand the terms and conditions.

I agree that this scholarship application is valid and includes my own words and thoughts. If awarded a CFE Scholarship, I give CFE permission to disclose my name in any scholarship publicity.

Applicant Signature: _____ Date: _____

How did you hear about the CFE Scholarship? _____

Academic Verification: *Must be completed and signed by a school administrator or guidance counselor*

This is to certify that _____ (student name) is a senior at _____ (high school name) and will graduate _____ (month/date/year). He/she has a GPA of _____ out of _____.

Signature of School Administrator or Guidance Counselor: _____

Title: _____ *Date:* _____

Email: _____ *Phone:* _____

Please include with the completed application and mail to:

- Two (2) letters of recommendations from non-relatives

Instructions for recommendation letters, 100 words minimum:

- Relationship to the applicant
- Why they're deserving of this scholarship

Cooperative Farmers Elevator
Scholarship Program
PO Box 37
Rock Valley, IA 51247
or
scholarships@coopfe.com

Postmark by: April 1, 2019

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