

2010 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 about this candidate's 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 about this candidate's 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 _____

This application must be received in the corporate office on or before April 30, 2010. **Do not mail to your branch.** Mail to the address below. Thank you.

OFFICE USE ONLY:	Rec'd by _____
	Date _____
	Status _____
	Confirmed Award _____

Keep a copy and mail originals to:

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