



Scholarship Program 2022

Co-Alliance Cooperative Inc., is a farmer-owned cooperative headquartered in Avon, Indiana with branches serving energy and agribusiness customers across Indiana, Ohio, Illinois, and Michigan. We believe the youth in our communities are dedicated, passionate, and instrumental in shaping the future of the agriculture industry.

Our Scholarship Program is designed to benefit college-bound high school seniors who are the children and grandchildren of our local cooperative members and who intend to study agriculture. We award 30 one-time scholarships of \$1,000 each to students who meet our qualifications. Awards are announced in May and June at the schools. Deadline for application is **March 1, 2022**.

Application Qualifications

- Must be a high school senior planning to graduate in spring 2022
- Must have a parent or grandparent who is a member of Co-Alliance Cooperative
- Must be planning to enter the agriculture field
- Must print and mail this application with other required documentation

Application Instructions

- Use printed application available from school guidance counselor or local Co-Alliance branch or use the form fillable PDF available at **www.co-alliance.com**.
- Print application and mail with other required documentation to address on application by **March 1, 2022**.



Co-Alliance Scholarship 2022 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 1, 2022. 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 _____ Date of Birth _____ Email _____
Mailing Address _____
City/State/Zip _____ County _____
Name of Father/Guardian _____ Name of Mother/Guardian _____
Home Telephone _____ Cell Telephone _____

HIGH SCHOOL EDUCATION

High School _____ Telephone _____
Address of School _____ City/State/Zip _____
Name of Counselor _____ Grade Point Average _____

GRADUATION CONFIRMATION

This is to certify that (student name) _____ will graduate from (school name) _____
following the spring 2022 semester. (Obtain signature and title of school official here)

COLLEGE/UNIVERSITY PLANS

School Name _____ Location _____
Area of Study/Major _____

EXTRACURRICULAR NOTES

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

2022 Co-Alliance 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.

| | | |
|--|--------------------------|--|
| 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: | |

SHORT STATEMENT: FUTURE CAREER GOALS

At Co-Alliance, we see a bright future in agricultural production and look forward to partnering with tomorrow's most progressive young producers by delivering innovative solutions to help them achieve their goals. Please prepare a short statement regarding your future career in an agricultural-related field. Please limit the statement to this page.

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:

This application must be received in the corporate office on or before March 1, 2022. **Do not mail to your branch.** Mail to the address provided. Thank you.

Co-Alliance Cooperative
ATTN: SCHOLARSHIP
5250 E US Hwy 36
Building 1000
Avon, IN 46123