



Scholarship Program and Application

Objectives

The primary goal of the Allied Cooperative Scholarship Program is to encourage area youth to prepare for a career in agriculture. This scholarship program is designed to provide college financial assistance to Allied Cooperative members and/or their dependents.

Scholarship Amount

Allied Cooperative will offer up to 30 - \$1,000 scholarships to full-time students pursuing a two- or four- year degree or farm and industry short course program.

Twenty of the scholarships will be designated for students pursuing careers in agriculture. The number of scholarships awarded may vary based on quantity and quality of applications.

\$1,000 Scholarship Eligibility/Instructions

1. Applicant shall be an Allied Cooperative member or a dependent of an Allied Cooperative member at the time of application.
2. Applicant shall be a full-time student that has been accepted into a college program.
3. Scholarships are based on scholastic achievement, leadership, and a written essay.
4. Applicant must submit:
 - Completed application form
 - Your high school and current grade transcript
 - A short essay on the importance of cooperatives and your future career goals.
 - A photo for follow-up publicity. (Digital photos preferred. Photos may be submitted to info@allied.coop. Reference scholarship application when emailing photo.)

Application Deadline

Applications must be received no later than March 31st of the current year. Scholarships given to high school students will be awarded at high school awards banquets whenever possible. If it is not possible to award the scholarship in person, recipients will be notified by mail by the end of May.

Mail to:

Allied Cooperative
Attn: Scholarship Committee
PO Box 729
Adams, WI 53910



Scholarship Application

Application Information

Name - Last, First, Middle		Birthdate	Phone Number
Address	City	State	Zip
Email	Current Status (check one) High School College Non-traditional		
Are you an Allied member or a dependent of an Allied Cooperative member? Yes No		Member Account Number (if applicable)	
Name of Father/Guardian	Father's Occupation	Name of Mother/Guardian	Mother's Occupation
Address of Parent/Guardian (if different than yours)		City	State Zip

What school do you currently attend? _____

What is the name of your Guidance Counselor? (if applicable) _____

What college or short course program will you be attending? _____

What will your academic major be in college? _____

How will this scholarship assist you? _____

Employment

Employer	Position/Title	Period of Employment

Activities

Please list major school and community activities you participated in while in high school or college. (specify the year(s))

Name of Activity	Year(s)	Name of Activity	Year(s)

References

Please provide the names and contact information for three personal references. (no relatives please)

Name	Address	Phone Number

Essay

Please attach an essay addressing both the importance of cooperatives and your future career goals.

Signatures

Student Signature _____

Parent's Signature (if applicant is a minor) _____

Return completed application along with your essay, high school transcript and photo **to arrive no later than March 31, 2027** to:

Allied Cooperative
Attn: Scholarship Committee
P.O. Box 729
Adams, WI 53910
info@allied.coop