



Isabel • Lake City • Medicine Lodge • Nashville • Sawyer • Zenda

THE FARMERS COOPERATIVE EQUITY CO

102 N. Burr • ISABEL, KS 67065
620.739.4335 • 620.739.4506 (fax)

AGRICULTURAL SCHOLARSHIP APPLICATION

Name of Applicant: _____ Date: _____

Address: _____ Zip Code: _____

Date of Birth: _____ I will graduate from: _____ High School on _____

Name of Father (Guardian): _____ Occupation: _____

Name of Mother (Guardian): _____ Occupation: _____

Number of brothers: _____ Ages: _____ Number of sisters: _____ Ages: _____

Number of brothers and/or sisters in college now: _____

Not including those currently in college, how many of your siblings have attended college? _____

Have you been awarded any other scholarships? _____

If so, list them and the amounts of each _____

Why is this scholarship important to you? _____

Cumulative Grade Point Average (7 semesters on a 4 pt system) _____

On a separate page list classes taken during your Junior and Senior years and grades earned for each.

What school do you plan to attend following high school? _____

Why did you select this college or university? _____

What is the approximate cost per year of education at this institution? (Include tuition, books, room and board.) _____

What course of study do you plan to pursue? _____

On a separate sheet of paper explain in one paragraph why you have chosen your future career.

List school Activities in which you were involved in. _____



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List the honors that you received during your high school career. _____

How many years of post-secondary training do you plan to complete? _____

What do you plan to do following the completion of your post-secondary training? _____

How do you plan on financing your education?

Percentage of Scholarships & grants _____ Percentage of Parents _____

Percentage of your savings and employment _____

What jobs have you held? (List hours per week worked & dates of employment for each.) _____

Are either you or your parents (or guardian) currently members of the Farmers Cooperative Equity Co.?

Yes or No _____

Name: _____ Voting or Non-Voting Member _____

List any other information that may be helpful: _____

Applicants Signature: _____ Date: _____

Parent or Guardian's signature: _____ Date: _____