



CO-ALLIANCE[®]

AG SENIORS!

Apply Now for a \$1,000
Solutions Scholarship
from Co-Alliance.

Visit www.co-alliance.com
for more details & application form

Application Qualifications

- Must be a high school senior planning to graduate in spring 2017
- Must be planning to enter the agriculture field
- Must have a parent or grandparent who is a member of one of the local cooperatives in the Co-Alliance partnership: Midland, IMPACT, LaPorte County Co-op, Frontier, and Excel Co-op (Member ID # required)
- Must print and mail the application with other required documentation
- Application must be received by **March 1, 2017**



Solutions Scholarship Program 2017

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

Our Solutions 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 20 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, 2017**.

Application Qualifications

- Must be a high school senior planning to graduate in spring 2017
- Must have a parent or grandparent who is a member of one of the local cooperative in the Co-Alliance partnership: Midland, IMPACT, LaPorte County Co-op, Frontier, and Excel Co-op (Member ID # required)
- 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, 2017**.

2017 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; for example, 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; for example, 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 _____

Keep a copy and mail originals to:

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

This application must be received in the corporate office on or before March 1, 2017. **Do not mail to your branch.** Mail to the address provided. Thank you.

