



Co-Alliance Solutions Scholarship Program

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, 2016**.

Application Qualifications

- Must be a high school senior planning to graduate in spring 2016
- 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, 2016**



Solutions Scholarship 2016 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, 2016. 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 2016 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.

2016 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:

This application must be received in the corporate office on or before March 1, 2016. **Do not mail to your branch.** Mail to the address provided. Thank you.

Co-Alliance, LLP
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