

November 3, 2021

We will sponsor one scholarship per school this year. Please find enclosed the application form for the **Camp Douglas Farmers Co-op Scholarship**. The scholarship is for graduating High School seniors only. The scholarship is for \$500.00, and is payable to the student upon proof of registration for the second semester. Preference will be given to students pursuing a career in the agricultural field and students whose immediate family is a current patron of the Camp Douglas Farmers Co-op, **but all applications** will be considered. We require the applications be in our office by the close of business on March 1st, or the business day prior to the first if it should happen to fall on a Saturday or Sunday. We are open 7:30 am- 4:30 pm Monday-Friday. We are also requesting that the students be responsible for getting their applications in to our office on their own. We will not consider any incomplete applications (without transcripts) or any applications that the school sends to us. We feel that if the student really, truly wants to be considered for this application they will put some effort into it, and make sure it is complete. To award the scholarship, we will need the student, **in person**, to supply the Co-op with a copy of their schedule or some other form to verify their enrollment in the second semester. We will then issue a check to the student.

If you have any questions, please feel free to contact our office. Thank you.

Sincerely,

Terese Barth
General Manager

CAMP DOUGLAS FARMERS CO-OP SCHOLARSHIP APPLICATION

*Please type or print neatly!
Deadline March 1st, 2023.*

CONFIDENTIAL SCHOLARSHIP APPLICATION

Please fill out application for scholarship and return to the Camp Douglas Farmers Co-op, 107 Main St, PO Box 278, Camp Douglas, WI 54618. Students must include their most current high school transcripts.

This application is for the **Camp Douglas Farmers Co-op Scholarship.**

NAME:

TELEPHONE:

ADDRESS:

CITY:

STATE:

ZIP:

FATHERS NAME:

EMPLOYED BY:

MOTHERS NAME:

EMPLOYED BY:

NUMBER OF DEPENDENTS AS CLAIMED ON PARENTS TAX FORM:

NUMBER OF DEPENDENTS IN SCHOOL:

NUMBER OF DEPENDENTS IN COLLEGE:

RANK IN HIGH SCHOOL

IN CLASS OF

(HOW MANY)

COLLEGE YOU WILL BE ATTENDING:

MAJOR:

MINOR:

TUITION COST:

ROOM AND BOARD:

FUTURE OCCUPATION 1ST CHOICE:

2ND CHOICE:

BRIEFLY EXPLAIN WHY YOU CHOSE THIS COLLEGE:

GIVING THE MOST CURRENT FIRST, LIST ANY ACTIVITIES AND SPECIAL RECOGNITION RECEIVED IN THE COMMUNITY OR HIGH SCHOOL SINCE 10TH GRADE. PLEASE BE SELECTIVE AND LIMIT YOUR ANSWER TO SPACE PROVIDED.

STATE SPECIFICALLY WHY YOU SHOULD BE CONSIDERED FOR THIS SCHOLARSHIP.

FILL IN FINANCIAL ASSISTANCE:

FROM PARENTS:

GRANTS:

WORK-STUDY:

SCHOLARSHIPS:

SOCIAL SECURITY:

STUDENTS CONTRIBUTION:

I certify that the information in this application is true and complete to the best of my knowledge.

Applicant's Signature:

Date:

Parent's Signature:

Date:

SCHOLARSHIP DEADLINE IS March 1st, 2023! or last business day prior to March 1.