



# 2018 Scholarship Program Application

Dear applicant:

Thank you for your interest in the Edge Dairy Farmer Cooperative scholarship program. To be eligible, you must be a dependent child of a current Edge Cooperative member. Applicants may be high school seniors, high school graduates or college undergraduates enrolled or planning to enroll in a full-time course of study at an accredited four-year college or university or a two-year program at a technical, junior or community college. Preference may be given to students pursuing a degree in an agricultural field.

Scholarships are merit-based and awarded without regard to financial need, race, color, creed, religion, sex, disability or national origin. Applicants may apply repeatedly for each year of eligibility but may only receive one scholarship per lifetime. Incomplete applications will not be considered.

All information will be held in strict confidence by the scholarship selection committee. You will be notified whether you have been selected as a recipient by May 31, 2018. All applications become the property of Edge Dairy Farmer Cooperative and cannot be returned.

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**Applicant Name** \_\_\_\_\_

**Applicant Information** (please print)

Last name	First name	Middle initial	
Street address			
City	State	Zip	
Telephone	Date of birth		
High School	City	State	Zip
Graduation date or anticipated graduation date		Email	

**Post-Secondary School Data**

Provide the name of the post-secondary school you plan to attend or are currently attending. Use official school names; do not abbreviate.

School name		
City	State	Zip

**Edge Dairy Farmer Cooperative Member Information**

Farm name	City	State	Zip
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**Goals and Aspirations**

Prepare a short essay of your long-term plans as they relate to your education and career aspirations (500 words or less).

**Activities, Awards and Honors**

Attach a list of school activities that you have participated in during the past four years (e.g., student government, music, sports). List community activities in which you have participated (without pay) during the past four years (e.g., Boy/Girl Scouts, 4-H, FFA, volunteer programs). Include any special awards, honors and offices held. Indicate whether they occurred during high school or college.

**Transcripts**

Contact your current and/or previous school and request an official copy of your transcript of grades.

**Letter of Recommendation**

Attach a letter of recommendation from a high school or college counselor, advisor or instructor or a work supervisor.

**Employment History**

Attach a worksheet of your employment history for the last four years. Provide the name of the employer, positions held and specific dates of employment.

Applicant Name \_\_\_\_\_

**Application Checklist**

Your application for a scholarship becomes complete and valid only when Edge Dairy Farmer Cooperative has received all the following documents. Please include your name on each document.

- Student application (pages 2 and 3 of this document)
- Goals and aspirations statement
- Activities, awards and honors documentation
- Current complete transcript(s) of grades
- Letter of recommendation
- Employment history

Send all materials via U.S. Mail to:

Edge Dairy Farmer Cooperative  
Attn: Scholarship Committee  
2763 Manitowoc Rd Ste B  
Green Bay, WI 54311

Envelope must be postmarked no later than **May 1, 2018**. Incomplete applications will not be considered.

**Certification**

The Edge scholarship committee has the sole responsibility for selecting recipients based on the criteria as set forth in the program’s cover letter. Please keep a copy for your records, as this application becomes the property of Edge Dairy Farmer Cooperative.

*I acknowledge that decisions made by the scholarship selection committee are final. I certify that I meet the basic requirements of the program and that the information I have provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have provided on this form. Falsification of information may result in termination of any scholarship granted.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR EDGE OFFICE USE**

Date application was received \_\_\_\_\_