

UNITED AGRICULTURAL COOPERATIVE SCHOLARSHIP

Enclosed you will find a copy of the scholarship application for a \$250 scholarship from United Ag. Feel free to make as many copies as you need.

Who is eligible?

The applicant must be a graduating high school senior and a child/grandchild of a member or employee of United Agricultural Cooperative. If applying as a child/grandchild please confirm membership and account number by calling 979-543-6284.

Please have applicants forward their forms to: United Ag, Attn: Lindsey Bowers PO Box 826, El Campo, Texas 77437 or lindseyb@unitedag.net. Applications must be postmarked or e-mailed by March 31, 2024.

All funds will be distributed directly to student by mail upon selection and the schools will be notified for them to be recognized.

UNITED AGRICULTURAL COOPERATIVE
Scholarship Application

1. Applicant: _____
(Last, First, Middle) United Ag Member Account No. (Age)

2. Home Address: _____
(Street, box, or rural rt.) (City & zip code)

3. Home phone number: _____ - _____ - _____

4. High School: _____

Address : _____

5. Parents' or guardians' names: _____

Parents' or guardians' address: _____

6. Parents' or guardian's occupations: _____

7. Member/Employee Name: _____

8. Number of brothers: _____ Ages: _____

Number of Sisters: _____ Ages: _____

9. Number of brothers or sisters now enrolled in college _____

10. Have you already been accepted for admission to a college or University ? _____ If Yes ,Where ?

11. If not already accepted for admission, have you submitted an application ? _____ IF yes , Where ?

12. Field in which you plan to study in college : _____

13. What career do you plan to pursue after College ? _____

14. A brief statement by a teacher or administrator regarding applicant:

(Signature of teacher)

15. Graduation Date: _____
(Month, Day, & Year)

16. Extracurricular activities:

17. Community service activities:

18. Special honors and awards:

19. Scholarship essay: State why you believe you deserve this scholarship.
Also include any supporting evidence you may wish the committee to consider.

ITEMS BELOW TO BE COMPLETED BY SCHOOL COUNSELOR

20. Number in graduating class _____ Rank of applicant _____

21. SAT test scores _____ Total _____ GPA _____
(V) (M)

22. ACT test scores _____
(Composite) (Counselor's Signature)

I (we) have examined this application and find the information herein to be true and accurate.

(Date)

(Applicant's Signature)

(Parent or guardian Signature)