

# **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](mailto:lindseyb@unitedag.net). Applications must be postmarked or e-mailed by March 31, 2026.

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? And why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. A brief statement by a teacher or administrator regarding applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
(Signature of teacher)
15. Graduation Date: \_\_\_\_\_  
(Month, Day, & Year)

16. Extracurricular activities:

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17. Community service activities:

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18. Special honors and awards:

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

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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 )