



2021 ALCIVIA SCHOLARSHIP APPLICATION

ALCIVIA is pleased to announce that we will be offering \$1,000 ALCIVIA Scholarships to a total of 25 area students. The scholarships will be awarded in two categories:

1. **College Students:** This is open to students attending an accredited four-year university or college, an accredited two-year technical school program or an accredited agricultural short course.
2. **High School Seniors:** This is open to high school seniors who will be attending one of the above listed higher education programs following high school graduation.

ELIGIBILITY:

- 1) All active members for the 2021 fiscal year (9/1/2020 - 8/31/2021) of ALCIVIA and their children are eligible to receive an ALCIVIA Scholarship, including employees and directors. Grandchildren of members are not allowed to apply if their parents are not members/employees of the cooperative.
- 2) Applicants can only receive the scholarship once.
- 3) Applicants must have a minimum cumulative grade point average of 2.75 on a 4.0 scale during their previous educational year.
- 4) Applicants will be judged by the Cooperative Network Federated Youth Foundation, on leadership, scholastic achievement, extra-curricular activities, personal motivation, academic and life goals.
- 5) Preference will be given to students majoring in agriculture.
- 6) To be eligible, all areas of the scholarship application form must be filled out and submitted together.
- 7) Attach transcripts through your most recently completed semester and a copy of your Fall 2021 course schedule to your application.
- 8) Scholarship recipients will be notified via email listed on application by the end of February 2022.
- 9) All applications are due at the ALCIVIA office (1401 Landmark Dr, Cottage Grove) by January 31, 2022.

PLEASE MAKE SURE TO RETURN THE FOLLOWING DOCUMENTS TOGETHER BY JANUARY 31, 2022:

- Completed application
- Transcripts
- References (3)
- Fall 2021 class schedule

****APPLICATIONS RECEIVED AFTER JANUARY 31, 2022 WILL NOT BE CONSIDERED.**

Submit via mail to:
ALCIVIA
ALCIVIA Scholarship Committee
1401 ALCIVIA Drive
Cottage Grove, WI 53527

Please type or print in the form below.

APPLICATIONS ARE ONLY ACCEPTED VIA MAIL.



2021 ALCIVIA SCHOLARSHIP APPLICATION

I. PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Name of Parent(s) or Guardian: _____ ALCIVIA Account Number(s): _____

Hometown Newspaper: _____

II. HIGH SCHOOL INFORMATION

Please attach most recent transcripts, if applying as a high school senior

School Name: _____ GPA (based on a 4.0 scale): _____

School Address: _____

City: _____ State: _____ Zip: _____

High School Graduation Year: _____

III. POST SECONDARY EDUCATION

Please attach all transcripts and Fall 2021 class schedule.

College, University or Technical/Short Course College you are enrolled at, or will be enrolling in after your senior year of high school:

Name: _____ GPA: (based on 4.0 scale) _____

Major: _____ Minor: _____

Please omit GPA if applying as a high school senior

Anticipated Graduation Date: _____

Intended career upon graduation: _____

IV. DEMONSTRATION OF LEADERSHIP, SCHOLASTIC ACHIEVEMENT, ACTIVITIES AND GOALS

Please attach additional pages as needed to complete this area.

1. List (in order of importance to you) extracurricular and community activities in which you have participated.

2. List honors and awards (not scholarships) you have received.

3. List scholarships you have or will receive. Indicate the name, agency granting it, and amount.

4. Please provide a brief personal statement that covers significant events in your life, your educational goals, your future career plans, and how the ALCIVIA scholarship will help you achieve these goals. *Attach a separate sheet if necessary.*

V. REFERENCES

Please submit three letters of reference in support of your application. In addition, please list their name, occupation, and phone number below. The completed letters of reference **MUST** be submitted with this application in an envelope signed and sealed by the reference. The applicant should include letters of reference with the application packet. Please direct questions to info@landmark.coop.

1. Name _____ Occupation: _____ Phone: _____

2. Name _____ Occupation: _____ Phone: _____

3. Name _____ Occupation: _____ Phone: _____

By signing below, I acknowledge the above information to be true and accurate.

Signature _____ Date _____