

**CONSUMERS COOPERATIVE OF RICHLAND COUNTY
SCHOLARSHIP FUND**

- Purpose:** To assist a person to continue their education beyond high school either in a degree program or a vocational program.
- Administration:** A scholarship committee consisting of Board members of Consumers Cooperative of Richland County will select the person or persons to receive the scholarship(s). The committee will select an alternate each year to replace the award winner(s) in the event that a winner might change plans and not attend college or vocational school.
- Eligibility and Qualifications:**
1. Applicant or applicant's parent, parents or legal guardian must be a member of Consumers Cooperative of Richland County and have stock in Consumers Cooperative of Richland County.
 2. Any graduating high school male or female.
 3. Any second, third, or fourth year student in a degree program.
 4. Any person returning to school after a study interruption who is interested in continuing their education.
 5. There will be no restrictions as to age, race, creed or religion.
 6. Any person who has been a recipient of this award, or any unsuccessful candidate of a previous year shall be eligible to reapply for this scholarship as long as they continue their education.
 7. All parts of this application must be filled out and completed. If any part of this application is not filled out, the application will be immediately disqualified.
- Amount:** The Board of Directors will determine the amount of any single award annually. Awards will be at least \$300, but not more than \$500.
- Application:** Application blanks are available at the Main Office of Consumers Cooperative of Richland County, Consumers Cooperative's website (www.consumerscooperative.com) as well as area high school and college guidance counselors' offices. They will be standard in form and contain information sufficient for the scholarship committee to arrive at a decision as to the ability and need of the student. A personal interview with the committee may be held prior to the final decision. Application blanks should be returned to the Main Office of Consumers Cooperative of Richland County before **5:00 p.m. on January 31st** of each year.
- Manner of Scholarship Payment:** One-half of the scholarship will be paid to the student or school upon proof on enrollment at the beginning of each semester.

CONSUMERS COOPERATIVE OF RICHLAND COUNTY
SCHOLARSHIP INFORMATION

Please have two out of three of the following people complete the following section of the application: Instructor, Guidance Counselor, or Principal/Dean. Submit To: Consumers Cooperative of Richland County Scholarship Committee, P.O. Box 533, 300 S. Main St., Richland Center, WI 53581.

Name of Student _____
Last Name First Name

Does this person get along well with others? _____

Comments _____

Does this person have potential in his/her chosen field? _____

Comments _____

What is the Class Rating of this Student's Grades?

High _____
Medium _____
Low _____

What is the Class Rating of this Student's Attitude?

High _____
Medium _____
Low _____

PLEASE WRITE A BRIEF STATEMENT OF YOUR IMPRESSIONS OF THIS PERSON. _____

NAME OF PERSON REPORTING

TITLE

SCHOOL _____ DATE _____
CONSUMERS COOPERATIVE OF RICHLAND COUNTY
SCHOLARSHIP INFORMATION

Please have two out of three of the following people complete the following section of the application: Instructor, Guidance Counselor, or Principal/Dean. Submit To: Consumers Cooperative of Richland County Scholarship Committee, P.O. Box 533, 300 S. Main St., Richland Center, WI 53581.

Name of Student _____
Last Name _____ First Name _____

Does this person get along well with others? _____

Comments _____

Does this person have potential in his/her chosen field? _____

Comments _____

What is the Class Rating of this Student's Grades?

High _____
Medium _____
Low _____

What is the Class Rating of this Student's Attitude?

High _____
Medium _____
Low _____

PLEASE WRITE A BRIEF STATEMENT OF YOUR IMPRESSIONS OF THIS PERSON. _____

NAME OF PERSON REPORTING

TITLE

NAME & ADDRESS OF
PARENT/PARENTS

MOTHER'S FIRST NAME

LAST NAME

STREET ADDRESS

CITY

ZIP

FATHER'S FIRST NAME

LAST NAME

STREET ADDRESS

CITY

ZIP

SIGNATURE OF STUDENT _____

DATE _____

MO/DAY/YR