

# Federated Co-ops, Inc. Scholarship Application

Recipients of this scholarship must be current customers of  
Federated Co-ops or a current employee.

## **Applicant Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Customer # \_\_\_\_\_

Parents' Name \_\_\_\_\_

## **Education:**

Name of College you plan to attend \_\_\_\_\_

Cumulative High School GPA \_\_\_\_\_

## **Future Plans:**

## **School & Community Activities:**

## **Work Experience & Hobbies:**

\_\_\_\_\_  
Students' Signature

\_\_\_\_\_  
Date