

**FARMERS COOPERATIVE COMPANY  
DOWS & ROWAN  
SCHOLARSHIP APPLICATION**

NAME \_\_\_\_\_

S.S. NUMBER *(required if you are selected)* \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

STUDENT'S E-MAIL ADDRESS \_\_\_\_\_

PARENT'S E-MAIL ADDRESS \_\_\_\_\_

HOME & CELL PHONE NUMBERS \_\_\_\_\_

Grade Point Average \_\_\_\_\_

Class Rank \_\_\_\_\_

High School Attended \_\_\_\_\_

Number in Class \_\_\_\_\_

1. College you plan to attend \_\_\_\_\_  
\_\_\_\_\_

2. Course of study you plan to pursue \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you see yourself doing in 10 years? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How do you plan to finance your education? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applications due April 1.

Please return to: Farmers Co-op, PO Box 410, Dows, IA 50071