



2019 LANDMARK SCHOLARSHIP APPLICATION

Landmark is pleased to announce that we will again be offering \$750 Landmark Scholarships to a total of 15 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 of Landmark Services Cooperative and their children are eligible to receive a Landmark 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 may be awarded a scholarship only one time during their academic term.
- 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 2018 course schedule to your application.
- 8) Scholarship recipients will be notified via email by January 1, 2019.
- 9) All applications are due at the Landmark Services Cooperative office no later than December 1, 2018.

PLEASE MAKE SURE TO RETURN THE FOLLOWING DOCUMENTS TOGETHER BY DECEMBER 1, 2018:

- Completed application
- Transcripts
- References (3)
- Fall 2018 class schedule

****APPLICATIONS RECEIVED AFTER DECEMBER 1, 2018 WILL NOT BE CONSIDERED.**

Submit via mail to:

Landmark Services Cooperative
c/o Shannon Horstmeyer
1401 Landmark Drive, PO BOX 277
Cottage Grove, WI 53527

Applications are only accepted via mail.



LANDMARK SCHOLARSHIP APPLICATION FORM:

Please type or print in the form below.

I. PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____

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

Home Phone: _____ Cell Phone: _____ Email: _____

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

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: _____

III. POST SECONDARY EDUCATION

Please attach all transcripts and Fall 2018 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) _____
Please omit GPA if applying as a high school senior

Major: _____ Minor: _____

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. Write a personal essay about yourself including: a) Significant events of your life, b) describe your educational goals and future career plans, c) additional information about yourself you wish to share that might be relevant to this application.

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 a signed and sealed envelope. The applicant should include his/hers letters of reference with the application packet. Please direct questions to Shannon Horstmeyer at 608-819-3124.

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 _____