

# NEW Cooperative Agriculture Scholarship

2025-2026 Academic Year

The NEW Cooperative Foundation will offer approximately eight (8) scholarships of \$2,000 each; these will be awarded to undergraduates. Recipients will be selected according to their outstanding leadership potential and interest in pursuing a future career in agriculture. **Applicant shall be a full-time student that has been accepted into an accredited 2-year college or a 4-year university. Applicants must be furthering their education by attending a two-year agricultural short course program at two-year College or a four-year university agricultural program.** The deadline for applications is **Friday, March 14, 2025.**

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Your Cell Phone # \_\_\_\_\_

Your Home Phone # \_\_\_\_\_ County \_\_\_\_\_

Name of parents(s) or guardian \_\_\_\_\_

Father's occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Name of High School: \_\_\_\_\_ School Phone # \_\_\_\_\_

Are you a NEW Cooperative member or a dependent of a NEW Cooperative member? \_\_\_\_\_

Name of NEW Cooperative member (parent, guardian, or applicant) \_\_\_\_\_

What is your current grade level or year in college? \_\_\_\_\_

What college or university will you be attending in the 2025-2026 school year? \_\_\_\_\_

What is/will be your agriculture major in college? \_\_\_\_\_

Major school and community activities including offices held in organizations while in high school and/or college; specify the year.

<u>Name of Activity</u>	<u>Year</u>	<u>Name of Activity</u>	<u>Year</u>
a. _____	_____	f. _____	_____
b. _____	_____	g. _____	_____
c. _____	_____	h. _____	_____
d. _____	_____	i. _____	_____
e. _____	_____	j. _____	_____

## Ag Ownership and/or Employment

Major Enterprise or Employer	Position or Scope of Ownership	Year
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

Please have high school counselor, principal, or academic advisor complete the following section and **attach copy of transcript.**

Cumulative grade point average (High School) \_\_\_\_\_ and/or (College) \_\_\_\_\_ \*include both if applicable

I verify that the above information and data are correct.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

To date, what is your greatest accomplishment and why?

Explain your current involvement in agriculture.

How will you be involved in agriculture in the long term?

How is NEW Cooperative important to your family's farming operation and/or your local community?

If applicable, when is your high school awards ceremony? \_\_\_\_\_

This information is requested for the purpose of awarding scholarships. No persons outside the coordination staff, the review committee, and the NEW Cooperative Board of Directors will be provided this information.

I authorize NEW Cooperative to release copies of this form and information about my academic record to the committee designated to make the scholarship award selections and to publicize the scholarship award if I am a recipient.

If selected as a NEW Cooperative scholarship recipient, I will be expected to attend the 2025 NEW Cooperative Annual Meeting to be recognized. The Annual Meeting is scheduled for December 2, 2025, at the Webster County Fairgrounds.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**To include with completed application:**

- A single-paged recommendation/reference of applicant from a non-relative.
- Copy of your high school or college transcripts.

Send your completed application, letter of recommendation and a copy of your transcripts to:

Gary Moritz, NEW Cooperative, Inc., P.O. Box 818, Fort Dodge, IA 50501, by the DEADLINE DATE OF FRIDAY, MARCH 14, 2025

If submitting by email, send to [gmoritz@newcoop.com](mailto:gmoritz@newcoop.com) You must also email or send by mail a hardcopy of your transcripts and letter of recommendation. For questions, please call 515-955-9034 or email [gmoritz@newcoop.com](mailto:gmoritz@newcoop.com). Thank you