



## Farmers Cooperative Compress Scholarship Application

Name:	DOB <small>(MM/DD/YYYY):</small>		
Address:	City:	State:	Zip Code:
Email:	Phone:		
Coop Member Relative: Yes <input type="checkbox"/> No <input type="checkbox"/>			
FCC Employee Relative: Yes <input type="checkbox"/> No <input type="checkbox"/>			
High School Attended:	GPA:		
High School Clubs and Activities: Please list involvement and any awards received			
1.			
2.			
3.			
4.			
Graduation Date <small>(MM/DD/YYYY):</small>	Class Rank:		
College you currently or will attend:			
Degree expected:			
Your upcoming classification <small>(Circle one):</small> Freshman Sophomore Junior Senior			
Have you received any other scholarships? Yes No			
If yes, please list them:			
1.			
2.			
3.			

Please include a one-page essay explaining:

Who are you and what is your greatest high school/college achievement?

How would this scholarship benefit you?

Why continuing your education is important to you?

Submit completed application and essay by email or mail to Steven White by Thursday March 31, 2022 .

Email: [stevenw@farmerscompress.com](mailto:stevenw@farmerscompress.com)

Mail: P.O. Box 2877, Lubbock, Texas 79408