FINLAND COOP / HAL BOCKOVICH SCHOLARSHIP FUND APPLICATION

* Preference will be given to applicants who live in the area of and/or patronize the Finland Coop according to the discretion and review of the current Board of Directors

1.	1. Name:	Phone:		
2.	2. Address:			
3.	3. Date of Graduation:	Date of Birth:	GPA:	
4.	4. Name of Parent or Guardian:			
5.	Name and address of School to be attended:			
	Enrollment Date:	Planned Area of Study:		
6.	6. Are you the beneficiary of any o	other scholarships/grants?		
7.	How do you plan to pay expenses not covered by a scholarship? Check one or more below a. Money given by family b. Earnings during summer or outside school			
	c. Other sources of income d. How did/will you earn this m			
8.	List other Special Recognition, Awards, Honors, or Community Involvement you have had (feel free to include involvement in private organizations and church groups as well)			

Why have you chosen your particular vocation?			
10. On a separate sheet, write an essay in your own words titled: "My Future Life Plans and How This Scholarship Will Aid Me" (Essay must be at least 250 words not to exceed two pages of single-spaced, type)	ped text)		
Disbursement of funds: A single disbursement of \$350 will be released to the applicant upon proof of completion of one semester at the institution, or, in the study you've enrolled in.			
Only those selected as recipients of the scholarship will be notified by the Board of Directors, either by phone or in writing.			
I agree to the review of this application by the Board of Directors of the Finla	nd Coop		
Applicant Signature: Date:			
	N TO		

RETURN THIS COMPLETED APPLICATION AND ATTACHED ESSAY TO:

FINLAND COOPERATIVE COMPANY - PO BOX E, FINLAND, MN 55603

APPLICATIONS MUST BE RECEIVED BY APRIL 1

