



2025 Scholarship Guidelines

Medford Cooperative, Inc.
P.O. Box 407 | 160 Medford Plaza | Medford, WI 54451
(715) 748-2056 | www.medfordcoop.com

Following are the guidelines set forward by the Medford Cooperative.

Applications must be filled out and received by Medford Cooperative by April 1, 2024. Parents of the applicants must be current members of the Medford Cooperative.

This year 25 scholarships are available in the amount of \$500 each. All Medford Cooperative employees and/or children of Medford Cooperative employees will receive priority awards. One scholarship will be specifically given to a student whose family is currently an Agriculture customer of the Medford Cooperative. Scholarships remaining will be disbursed to students out of the following groups of areas/schools:

Group 1: Next priority will be distributed to students in these areas/schools including:

Medford, Adams/Friendship, Rib Lake, Phillips, Tomahawk, St. Germain/Eagle River

Group 2: Remaining scholarships as available to students in these areas/schools: Abbotsford, Antigo, Athens, Elcho, Gilman, Merrill, Minocqua, Owen, Prentice

***These scholarships are financed through
Medford Cooperative's Annual Golf Tournament Fundraiser.***

Scholarship applicants must meet the following criteria to receive payment:

- Achieve a 2.5 GPA or equivalent at their accredited technical college/university
- Submit unofficial transcript showing proof of grades for first semester and class enrollment for second semester with at least 9 credits.



Scholarship Application

Medford Cooperative, Inc.

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Email: info@medfordcoop.com

Please type or print the following information. This form must be submitted to Medford Cooperative by April 1, 2025, if you would like to be considered for the Medford Cooperative, Inc. scholarship. (Mail to PO Box or by email.)

Student's Full Name _____
(Last) (First) (Middle)

Home Address _____
(Street) (City) (State) (Zip)

Home Phone _____ Email _____ AGE _____

Father/Guardian* _____ Mother/Guardian* _____

*Medford Cooperative Patronage Member # (required): _____

Current High School _____

To be completed by the Guidance Office: G.P.A. _____ Class Rank _____

High School Contact Person _____

Post-Secondary School Information

Name the post-secondary school you plan to attend. Please list, in order of preference, the schools to which you have applied. Use official school names. Do not use abbreviations.

Name	City, State	Type of School <small>(4 year college/university, 2 year community college, technical school, other)</small>	Have you been accepted? <small>(Yes or No)</small>	What do you plan to major in?

Work Experience

Describe your work experience during the past four years (e.g. food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week.

Employer	Describe Position	Dates (Mo/Yr)		Hours Per Week
		From	To	

Employee Scholarship Eligibility

All current employees or children of employees immediately qualify for an employee scholarship.

I, or a parent, currently work for or serve on the board of directors at Medford Cooperative. To qualify for the employee scholarship, the employee must work at Medford Cooperative through their high school graduation date.

Activities, Awards and Honors

List all school activities in which you have participated during the past four years, (e.g., student government, athletics, music, etc.). Note all special awards, honors and offices held. You may add an additional sheet if necessary.

Activity	# of Years Participated	Special Awards/Honors	Offices Held

Community Service

List all the community service projects, activities and/or organizations in which you have participated during the past four years (e.g., religious organizations, non-profit, etc.). You may add an additional sheet if necessary.

Project, Activity, Organization	# of Years Participated	Describe Project, Activity or Organization

Goals and Aspirations

What are your career objectives and long-term goals? How did you decide what field to pursue?

Certification

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. After scholarships are awarded, this application becomes the property of the Medford Cooperative, Inc.

Applicant's Signature _____

Date _____

Parent's Signature _____

Date _____