

**VINELAND GROWERS' CO-OPERATIVE, LTD.
SCHOLARSHIP APPLICATION FORM**

PERSONAL INFORMATION	
FIRST NAME	LAST NAME
STREET ADDRESS	
CITY	PROVINCE
POSTAL CODE	() CONTACT NUMBER

RELATIONSHIP TO VINELAND GROWERS' CO-OPERATIVE, LTD.					
ARE YOU A CHILD OR GRANDCHILD OF AN EMPLOYEE OF VINELAND GROWERS' CO-OPERATIVE, LTD.?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">YES</td> <td style="text-align: center; font-size: small;">NO</td> </tr> </table>			YES	NO
YES	NO				
IF YES, PLEASE NAME THE EMPLOYEE:					
FIRST NAME	LAST NAME				
EMPLOYEE'S TITLE					
()					
EMPLOYEE CONTACT NUMBER					

RELATIONSHIP TO VINELAND GROWERS' CO-OPERATIVE, LTD.

ARE YOU A CHILD OR GRANDCHILD OF A MEMBER IN GOOD STANDING WITH VINELAND GROWERS' CO-OPERATIVE, LTD.?

YES	NO

IF YES, PLEASE NAME THE MEMBER:

--	--

FIRST NAME	LAST NAME

MEMBER'S EMPLOYER

MEMBER'S TITLE

()	
MEMBER CONTACT NUMBER	

EDUCATION

ARE YOU CURRENTLY ENROLLED AT A POST-SECONDARY INSTITUTION?

YES	NO

IF YES, PLEASE NAME THE INSTITUTION:

--

NAME

STREET ADDRESS

CITY	PROVINCE

POSTAL CODE	()
CONTACT NUMBER	