

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

PERSONAL INFORMATION

FIRST NAME	LAST NAME	
STREET ADDRESS		
CITY	POSTAL CODE	PROVINCE
EMAIL	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="margin: auto;"><tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; 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 COMELETE THE INFORMATION BELOW					
FIRST NAME	LAST NAME				
EMPLOYEE'S TITLE					
EMPLOYEE EMAIL	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

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

IF YES, PLEASE COMPLETE THE INFORMATION BELOW

FIRST NAME		LAST NAME	
MEMBER'S NAME			
MEMBER'S TITLE			
MEMBER'S EMAIL		MEMBER'S CONTACT NUMBER	

EDUCATION

ARE YOU CURRENTLY ENROLLED AT A POST-SECONDARY
INSTITUTION?

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

IF YES, PLEASE COMPLETE THE INFORMATION BELOW

NAME OF INSTITUTION		
STREET ADDRESS		
CITY	POSTAL CODE	PROVINCE
CONTACT EMAIL (IF AVAILABLE)		CONTACT NUMBER