FEDERATED YOUTH FOUNDATION
6405 Century Avenue, Suite 102 | Middleton, WI 53562-2200
Phone: (608) 347-9388 | fyf@weca.coop

Application for Scholarship

Name of proposed recipient _____ Phone _____

Address _____ City _____ State _____ Zip _____

High school attended _____ Year graduated _____

INFORMATION REQUIRED TO PROCESS THE CHECK

Amount requested _____

University, College, Vocational, or Technical School attending _____

Student Account or ID# (if applicable) _____

The following information is required to complete the application process. The cooperative must obtain this information from the scholarship applicant and provide to fyf@weca.coop.

Most recent high school or post-secondary school GPA: _____

List academic achievements or unique circumstances that aren't reflected in your grades:

List any additional community or extracurricular activities:

Future academic or career plans: _____

Check here ☐ if any required materials above are attached as a separate document to this form.

_____ _____
Name (Print) *Cooperative Name*

_____ _____
Name (Signature) *Date*

Send completed application to FYF at fyf@weca.coop