



Farmers Cooperative Compress Scholarship Application

Name:	DOB <small>(MM/DD/YYYY):</small>		
Address:	City:	State:	Zip Code:
Email:	Phone:		
FCC Member Relative: Yes <input type="checkbox"/> No <input type="checkbox"/> Relative Name:			
FCC Employee Relative: Yes <input type="checkbox"/> No <input type="checkbox"/> Relative Name:			
High School Attended:		GPA:	
High School Clubs and Activities: (Please list involvement and any awards received)			
1.			
2.			
3.			
4.			
Graduation Date <small>(MM/DD/YYYY):</small>		Class Rank:	Out Of:
College you currently or will attend:			
Degree expected:			
Your upcoming classification <small>(Circle one):</small> Freshman Sophomore Junior Senior			
Have you received any other scholarships? Yes No			
If yes, please list them:			
1.			
2.			
3.			

Please include a 500-600 word essay explaining:

Who are you and what is your greatest high school/college achievement?

Explain any agricultural related experience/work

What are your future career goals?

How would this scholarship benefit you?

Why continuing your education is important to you?

Submit completed application and essay by email or mail to Steven White by March 31, 2025.

Email: stevenw@farmerscompress.com

Mail: Farmers Coop Compress, P.O. Box 2877, Lubbock, Texas 79408