



APPLICATION FOR

EXCELLENCE in Ag Program



**UP TO \$20,000
IN SCHOLARSHIPS**



**PAID
INTERNSHIPS**



**CAREER OPPORTUNITY
& SIGNING BONUS**

PERSONAL INFORMATION (Please print clearly)

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Home Phone: () _____ Cell Phone: () _____ Email Address: _____

What is your or a member of your household's Co-op number? _____

From which Co-op location? _____

Are you legally entitled to work in Canada? Yes No

Are you willing to relocate within your home province? Yes No

Please select the provinces you are willing to relocate to (if any): Manitoba Saskatchewan Alberta

EDUCATION

Name of High School: _____ Date of Graduation: _____

Name of Post Secondary Institute: _____

Address: _____
STREET CITY PROVINCE POSTAL CODE

Name of Program: _____

Length of Program: _____

Status of Enrolment: Applied Conditionally Accepted Confirmed Acceptance

Currently attending in my ____ year of studies

Expected Date of Graduation: _____



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WORKPLACE EXPERIENCE/COMMUNITY INVOLVEMENT

Have you or do you work for a Co-operative retail? Yes No

If yes, please specify the following:

- Location: _____
- Position: _____
- Year(s): _____
- Name of Supervisor: _____

List volunteer or part-time jobs you have held, if any, specifying employer, type of work and length of time in the position:

Employer: _____

Type of Work: _____

Year(s): _____

Valuable skills learned: _____

Employer: _____

Type of Work: _____

Year(s): _____

Valuable skills learned: _____

VOLUNTEER AND EXTRACURRICULAR INVOLVEMENT

List any volunteer or extracurricular activities you have participated in, if any, specifying the organization (if applicable), your involvement, and the length of time you were involved:

Organization: _____

Involvement: _____

Year(s): _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby certify that the information submitted in and with this application has been answered to the best of my ability and is true to the best of my knowledge. I have included my transcripts, personal resume, proof of enrolment, essay/video, and reference letters along with this application form for scholarship consideration.

I understand this information will be relied upon to make a determination by Federated Co-operatives Limited.

SIGNATURE

DATE

Co-op is collecting your personal information provided by way of this application form and will use and disclose your personal information only for reasonable purposes related to potentially establishing, and if selected, managing and terminating your scholarship, internship and/or employment relationship with Co-op. Without limiting the foregoing, Co-op may disclose the personal information that you provide to it by way of this application form to third-party service providers (such as payroll and benefits companies under contract with the Co-op) for the purposes of administering Co-op's employee benefits and payroll if you are hired. Co-op has implemented reasonable measures to ensure that the personal information that you provide to it is maintained accurately, kept current and only for a reasonable amount of time, and is secure and confidential. For further information regarding Co-op's privacy policies, please contact Co-op's privacy officer at privacy@fcl.ca. By completing and submitting this application form, you consent to the collection, use and disclosure of your personal information for these purposes.