



**Central Valley Cooperative
Educational Assistance Application**

Student Name: _____
(Last) (First) (MI)

Name of Post-Secondary Institution: _____

Student ID #: _____ College Major: _____

Expected Date of Graduation: _____

Amount of Assistance Requested: _____ (maximum \$500/year/student)

Parent(s) Name: _____
(Last) (First) (MI)

Parent(s) Name: _____
(Last) (First) (MI)

CVC Account #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

- A copy of a completed transcript (or other form of course completion) showing proof of full time student status in good standing as of the fall quarter/semester must be presented to Central Valley Cooperative on or before January 15
- Students parents must be shareholders in good standing with Central Valley Cooperative and must have a minimum revolving fund equity balance of \$5,000 per dependant student (as measured at each subsequent advance date) to be eligible
- Upon verification of qualifications, an equity check will be made payable to and mailed to the parents of the student as part of our normal equity retirements during the month of February

The continuation of the Educational Assistance program is subject to the annual review and approval of the CVC Board of Directors. Furthermore, the Board reserves the right to limit the amount rewarded through the program each year and will be administered based on date of application.

Signatures of all parties with an interest in the CVC Account # listed above:

Date: _____
