2026-2027 ACADEMIC YEAR SCHOLARSHIP APPLICATION

The Great Plains Chapter of the Grain Elevator and Processing Society (GEAPS) is offering several general scholarships for the 2026-2027 academic year. The recipients will be selected according to the following criteria:

1) *Outstanding leadership potential*
2) *Academic success*
3) *Financial need*

The scholarships will be awarded to applicants that plan to enroll as a full-time student in either a two or four-year undergraduate program during the 2026-2027 academic year in any college or university, in the continental United States.

Each applicant MUST be sponsored by a Great Plains Chapter member, not a company. Members may sponsor more than one applicant.

The recipients will be selected by May 25, 2026. **Deadline for application is May 1, 2026**. The scholarship will be deposited in the recipient's behalf at their respective schools to be used for the next semester's tuition.

Full Name:_____

First Middle Last

Home Address: _____

Street City State Zip Code

Date of Birth:_____ E-mail: _____

Home Phone: ( )_____ Cell Phone: ( ) _____

Name of Parent(s) or Guardian(s): _____

Father's Occupation and Employer: _____

Mother's Occupation and Employer: _____

Name of High School:_____

Year Graduated: _____ High School Phone: ( ) _____

Name of College or University: _____

Curriculum of Study: _____

Circle Last Year Completed: HS Senior College: Freshman Sophomore Junior

Name of Sponsoring GEAPS Member: _____

List major school & community activities as well as offices held while in high school and / or college:

Activity Number of Years Offices Held

a._____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

h. _____

i. _____

j. _____

Describe your own experience(s) in your field of study.

_____

_____

_____

_____

_____

_____

_____

_____

_____

State your goals & purpose in pursuing a college education? How do you expect to use your degree?

_____

_____

_____

_____

_____

_____

_____

_____

_____

Applicants must have section below completed by High School Counselor/Principal or College Academic Advisor:

Cumulative G.P.A. and Scale: _____

Signature: _____ Date: _____

Title: _____ Phone: _____

Applicant's statement on justification for need:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

By my signature hereto, I certify that the above information is correct, and I hereby authorize the release of my transcripts and academic records.

Signature: _____ Date: _____

Completed application must be received by May 1, 2026.

Mail Applications to:

Or scan/e-mail as pdf file to: jeff.holling@cvacoop.com

Central Valley Ag
ATTN: JEFF HOLLING
204 E COURT ST
BELOIT, KS 67420
785-545-6684
Jeff.holling@cvacooop.com

IMPORTANT NOTES:
1) BE SURE TO HAVE THE PRINCIPAL OR ADVISOR COMPLETE AND SIGN THEIR PORTION OF THE APPLICATION.
2) REMEMBER TO PUT THE NAME OF THE SPONSORING GEAPS MEMBER ON THE APPLICATION.

FOR INFORMATION ON GEAPS VISIT:

WWW.GEAPS.COM

FACEBOOK: like and follow our page at http://www.facebook.com/GeapsGreatPlainsChapter