



Application For Co-operative Retailing System

SCHOLARSHIP PROGRAM

An exciting program for retail employees that offers:

SCHOLARSHIPS
(A value of up to \$16,000)

INTERNSHIPS
(Paid summer employment)

CAREER OPPORTUNITIES
(Career Fast-tracking)

PERSONAL INFORMATION (Please print clearly)

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

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

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 British Columbia

EDUCATION

Name of High School: _____ Date of Graduation: _____

Name of Post Secondary Institute: _____

Name of Program: _____ Expected Date of Graduation: _____

Status of Enrolment: Applied Conditionally Accepted Confirmed Acceptance
 Currently attending in my ____ year of studies

RETAIL EXPERIENCE

Starting with the most recent :

If yes, please specify the following:

1) _____

YEAR	RETAIL	DEPARTMENT	POSITION	SUPERVISOR
DUTIES				

2) _____

YEAR	RETAIL	DEPARTMENT	POSITION	SUPERVISOR
DUTIES				



Application For Co-operative Retailing System SCHOLARSHIP PROGRAM

3)

YEAR	RETAIL	DEPARTMENT	POSITION	SUPERVISOR

DUTIES

ADDITIONAL INFORMATION

Please use the space below to answer the following questions, OR alternatively you can use your creativity to develop a video submission that communicates your answers to the following topics.

MY UNDERSTANDING OF CO-OPERATIVES AND THE IMPORTANCE OF THEIR IMPACT ON LOCAL COMMUNITIES

MY DEMONSTRATED LEADERSHIP QUALITIES AND VOLUNTEER ACTIVITIES

MY PERSONAL INTERESTS AND GOALS, REASONS FOR APPLICATION AND OVERVIEW OF PERSONAL ACCOMPLISHMENTS

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 resumé, proof of enrolment and reference letter along with this application form for scholarship consideration.

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

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 by email at privacy@fcl.crs. By completing and submitting this application form, you consent to the collection, use and disclosure of your personal information for these purposes.