



Virginia
Cooperative Council

Application for Virginia Institute on Cooperative Education

March 22-24, 2024 at Graves Mountain Lodge

**Open to high school juniors & seniors; rename file with your first initial/last name
& send completed application to mary.howell@sscoop.com by February 15, 2024**

FULL NAME: _____ NICKNAME: _____

ADDRESS: _____

PARENT/GUARDIAN(s): _____

HIGH SCHOOL: _____ GRADE: _____

GENDER: Male Female Other Birthdate: _____ T-Shirt Size: _____

MOBILE PHONE: _____ E-MAIL: _____

Please print legibly!

ACTIVITIES: List scholastic or extracurricular activities in which you have participated, awards or honors you have received, or offices you have held, with dates of participation.

REFERENCE LETTER: Provide one letter of recommendation from an adult who is a school, community, or church leader, NOT a parent, guardian or relative. It should detail how they met you, how long they have known you and why you would be a valuable participant in the Virginia Institute on Cooperative Education.

REPORT ON MY COOPERATIVE OF CHOICE

Answer ALL questions for application to be complete; successful applicants will receive an email by March 12. Visit www.virginia.coop for ideas or contact mary.howell@sscoop.com with any questions.

Complete legal name of cooperative:

Cooperative's main address:

Name and title of co-op employee interviewed: _____

What year was the cooperative formed? _____ Area served by the cooperative: _____

Approximate number of members eligible to vote, who are served by the cooperative: _____

Volume of business (most recent year): \$ _____

Present number of full time employees: _____

Present number of part-time employees: _____

Who is the current CEO? _____

Who chairs the Board of Directors? _____

Length of term of a member of the board of directors: _____(years)

Can a board member be elected to successive terms? ____yes ____ no

If yes, how many? _____

How does a new member join the cooperative? _____

Describe the voting rights of a member? _____

If the cooperative paid a patronage refund ("capital credits") for the most recent year, how was it paid?

_____% Cash ____% Other

Please share your impressions about this cooperative – its management, facilities and services, degree of member control, and its role as a community business.

IMPORTANT: Before returning your application by email, **please rename this file with YOUR NAME** before saving. Otherwise, data may be lost. Return both this form and your reference letter to mary.howell@sscoop.com no later than February 15, 2024 or by mail postmarked by February 12, 2024 to the below address:

Virginia Cooperative Council
attn: Mary Howell
P.O. Box 25202
Richmond, VA 23260

Applications must be received by **February 15 2024**. LATE SUBMISSIONS WILL NOT BE CONSIDERED. Successful applicants will receive a request for basic medical information/allergies with your parent/guardian's signature and rules of conduct to review. Once this second set of forms is received, you'll be sent a confirmation email with an agenda and packing tips. Plan to arrive at Graves Mountain Lodge in Syria, VA (Madison County) by 10 a.m. on Friday, March 22, 2024. We will wrap up by 2 p.m. on Sunday, March 24 and can provide a letter to request an excused absence from your school.

For more information, please visit www.virginia.coop or call Mary Howell at (804) 281-1211.