



Virginia  
Cooperative Council

**Application for Virginia Institute on Cooperative Education  
March 21-23, 2025 at Graves Mountain Lodge**

**Open to high school juniors & seniors! IMPORTANT: save as/rename file with first initial/last name & email reference letter and completed application to [mary.howell@sscoop.com](mailto:mary.howell@sscoop.com) by February 14, 2025**

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.

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**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](http://www.virginia.coop) for ideas or contact [mary.howell@sscoop.com](mailto:mary.howell@sscoop.com) with any questions.**

Complete legal name of cooperative:

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Cooperative's main address:

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Name and title of co-op employee interviewed: \_\_\_\_\_

What year was the cooperative formed? \_\_\_\_\_ Area served by the cooperative: \_\_\_\_\_

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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](mailto:mary.howell@sscoop.com) no later than February 14, 2025 or by mail postmarked by February 10, 2025 to the below address:

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

Applications must be received by **February 14, 2025**. 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 21, 2025. You may drive yourself but we encourage you to carpool with others from your area if possible. We will wrap up by 2 p.m. on Sunday, March 23 and can provide a letter to request an excused absence from your school – please email [mary.howell@sscoop.com](mailto:mary.howell@sscoop.com) with your Principal's name.

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