



502 Main Street • PO Box 130 • Union, IA 50258 • Phone 641-486-2211 • Fax 641-486-2205 • www.heartofiowa.coop

Educational Grant

Participants must submit an electronic or handwritten application to the business office in Union on or before Wednesday, April 1, 2026, by 4:30 p.m. The application must state which college or vocational school the applicant plans to attend. He/She must list all extracurricular activities he/she has been involved in during his/her high school years. This list shall include school sponsored, community, and church activities.

- Parent or guardian of the educational grant applicant must have Heart of Iowa Communications dial tone (voice) or Standalone LightNET Internet service and applicant must be living with said parent or guardian in one of the Cooperative or Ventures exchanges.
- Participants must be going on to either a two or four year accredited college or an accredited vocational school.
- Participants must be a senior in good standing in both the school and community.
- Participants must furnish a transcript of their grades along with the application.
- If Educational Grant recipient fails to complete at least one year of school he/she must repay to the Cooperative the \$500 Educational Grant he/she was awarded.
- All applicants must submit a head and shoulder ONLY senior photograph with their application. Photographs of recipients will not be returned to applicants.

Attention Applicants...

Please provide the following information and submit this form along with your application, a current transcript (.PDF electronic file or printed copy) and your head and shoulder ONLY senior photograph (.jpg electronic file or printed copy) to jpekarek@heartofiowa.coop.

At the time of this application if you have been accepted or will be accepted to an educational institution to which you have applied for the 2026-2027 academic school year, please provide the name of that facility here:

School: _____

PLEASE NOTE- If you have not received notification or letter of acceptance from the educational institution you are planning to attend for the 2026-2027 academic year at the time you are submitting this application, you must contact our office to confirm the school you will be attending.

By signing below

I, _____ (Student) reside in Heart of Iowa service area with my parent(s) or guardian(s) _____

Parent/Guardian: _____ Student: _____

Date: _____ Date: _____

Phone 641-486-2211
Fax 641-486-2205
502 Main Street
PO Box 130
Union, IA 50258



Office Use Only: District # _____

Please Note: Should you need further assistance, please call Jenny at 641-486-2211 or email: jpekarek@heartofiowa.coop.



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2026 Educational Grant Application Form

NOTICE: This application MUST include a (.PDF electronic or printed copy) of your current transcript & a head & shoulder ONLY senior photograph (.jpg electronic file or printed copy)

Name _____
Last First Middle

Address _____
Box # and/or Street City

Age _____ Male _____ Female _____

Name of Parent(s) or Guardian(s) _____ Phone Number _____

Activities during high school (in school and community) _____

What career objective or occupational plans have you considered? _____

College or Vocational School to which you have applied _____

PLEASE NOTE- *If you have not received notification or letter of acceptance from the educational institution you are planning to attend for the 2026 -2027 academic year at the time you are submitting this application, you must contact our office to confirm the school you will be attending.*

By signing below

I, _____ (Student) reside in Heart of Iowa service area
with my parent(s) or guardian(s) _____

Parent/Guardian: _____ **Student:** _____

Date: _____ Date: _____

Application, transcript and photograph **MUST** be returned by email, regular postal mail or hand delivered to our office on or before **Wednesday, April 1, 2026 by 4:30 p.m.** Email or submit this form to jpekarek@heartofiowa.coop. For additional information or questions, please call Jenny at 641-486-2211.