

**SCOTT COUNTY TELEPHONE COOPERATIVE
SCHOLARSHIP APPLICATION**

All fields must be completed fully for application to be considered

(\$1,000.00 Scholarship)

Name _____
(First) (Middle) (Last)

Address _____

Home Phone Number _____ **Age** _____ **Date of Birth** _____

Parent/Guardian Name & Address

Parent/Guardian Occupation/Place of Employment if applicable:

Father/Guardian Employer: _____ **Telephone:** _____

Mother/Guardian Employer: _____ **Telephone:** _____

Total Family Income _____

Number of Children in Family _____ **At Home** _____ **In School** _____

School/College/University you plan to attend (required) _____

Course of Study _____

Goals in Life _____

Names of Reference 1. _____

2. _____

(A letter of reference from each listed must accompany your application)

SAT Score _____ **ACT Score** _____

High School Currently Attending _____

Graduating Class Size _____ **Your Rank** _____

High School Involvement: (ie, sports or clubs)

List other Financial Aid or Scholarships received or applied for:

Please list all services your home currently has with Scott County Telephone Cooperative, Scott Telecom & Electronics, or MountaiNet, i.e. Telephone, Television Service, Internet Service, or Long Distance

Parents or Guardians certification and permission: To the best of my knowledge, the information reported is complete and correct. I understand _____ is applying for this scholarship and has an obligation to the organization. I hereby give my approval and permission for the release of information, including but no limited to financial information to the selection committee. I understand that all information provided will be held in confidence. In addition, I approve this application.

(Parents or guardians signature(s))

Applicant's certification: I certify that all information provided on this application is complete and accurate to the best of my knowledge. It is my intention to enter a college or university. In the event that my plans change, I agree to notify my guidance counselor immediately in order that this scholarship can be awarded to an alternate.

Signature: _____

Date of Application _____

SCOTT COUNTY TELEPHONE COOPERATIVE
REQUIREMENTS FOR APPLICANTS

APPLICANTS MUST:

1. Submit all application and requirements to the High School Guidance Department no later than Friday, April 26, 2019.
2. Be a graduating senior of Rye Cove, Gate City or Twin Springs High School and planning to enter an accredited school.
3. Be an average or above student in class work.
4. Submit a copy of high school transcript.
5. Have excellent moral character.
6. Submit a written paper (not to exceed two (2) pages) listing hobbies, interests, work experience, school clubs, sports team, church activities, and goals.
7. Submit two (2) written references, one by each of the following:
 - a. School Official
 - b. Community Leader or Pastor
8. Be available for a photograph should he/she be chosen.