

**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 27, 2018.
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.