

Scholarship Program Application

Please complete the form below.

| 1. | Name: | | | | | |
|--------------------|---|----------------|--------------------|----------|---------|-------|
| 2. | Home Phone: | (street) | Cell Phone: (city) | | (state) | (zip) |
| 3. | Permanent Address: | (succe) | (City) | | (state) | (zip) |
| 4. | Mother's Name: | | | | | |
| 5. | Father's Name: | | | | | |
| 6. | High School name and address from which you will graduate this spring: | | | | | |
| | High School achievements or honors: (attach additional sheets if necessary) | | | | | |
| 7. | Accredited school name and address you will be attending in the fall of the year: | | | | | |
| 8. | Major course of study: | Minors: | | | | |
| 9. | Are you a United States | citizen? Yes N | 0 | | | |
| | | | | | | |
| Student Signature: | | | | Date: | | |
| Parent Signature: | | | | Date: | | |
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WEST RIVER COOPERATIVE TELEPHONE COMPANY Scholarship Program

Scholarship Submittal Requirements

- 1. Complete this form by typing or printing (attach additional sheets if necessary).
- 2. Enclose your most recent academic transcript.
- 3. Enclose a copy of your college entrance examination (ACT and/or SAT) scores.
- 4. Enclose an essay written by you stating why you should receive this scholarship.
- 5. Write a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.
- 6. Enclose one letter of reference from a teacher or counselor.
- 7. Mail your complete application packet to:

Scholarship Program
West River Cooperative Telephone Co.
P O Box 39
Bison, SD 57620

Parents or Guardians must be a member of West River Cooperative Telephone Company.

DEADLINE FOR SUBMITTING SCHOLARSHIP APPLICATION IS March 8, 2024