SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION, INC.

2024 SCHOLARSHIP APPLICATION

The applicant must live in a household of a resident or business owner of a SCTA member, and be a graduating senior.

Since the members of the Scholarship Selection Committee have only this application to judge you, consider carefully the content and completeness of your responses to the information being sought. Please include a copy of a recent transcript and a letter of recommendation from a person within your school and/or community.

Additional pages of narrative or supporting documentation may be added to any section. This can include newspaper clippings, photos, and other materials which will give the committee a better insight about you and your school and community activities. You are encouraged to submit copies rather than originals as any materials you send will not be returned.

Applicant's Name _					
	First	Midd	е	Last	
Applicant's Addres	s				
	Street	City/S		Zip	
Applicant's Phone	Number(s)				
		Home		Cell	
School Address & F	hone No				
Graduation Date					
		SCHOL	ASTIC		
ACT Score	Current G.P.A			ent Class Rank	
Special Scholastic A	wards or Hon	ors:			

Identification Data (Please type or print)

SERVICE

Extracurricular (school related) participation during high school career:

COMMUNITY

Participation in the following community/church related activities: ______

LEADERSHIP

While participating in school or community activities, I have served in the following leadership roles (officers, team captains, chairperson, etc.): _____

POST HIGH SCHOOL PLANS

State your plans for enrollment in an accredited college, university or vocational tech school:

Field of Study:					
Have you made formal Application? Yes No					
If yes, have you been formally accepted? Yes No					
FINANCIAL ASSISTANCE					
Have you applied for financial aid? Yes No (If yes, please explain)					

EMPLOYMENT

Positions held, length of employment, hours per week, earnings: _____

Any additional data to show financial needs and general worthiness: _____

If you are selected as the recipient of this scholarship, what office and institution is the check to be made payable to?

Note: Payment will be made at the beginning of the second semester.

PLEASE PREPARE A 300 WORD ESSAY ON THE FOLLOWING:

To assist the selection committee in making a decision, please tell something about yourself and your reasons for making this application.

AND

What industry or opportunity would entice you to return to a rural community after completing your education, and why?

DEADLINE: MAY 1, 2024