

Name:	
Home Address (determines eligibility):	
Home Phone Number (determines eligibility):	
Email (for contact purposes only):	
High School:	

Name of High School Counselor: _____

- Applicant must reside in a household that receives telephone service from CVTC
 - Home phone number and home address required and determines eligibility
 - Applied for admission to a College/University
 - Must maintain sound academic record
 - Financial need
 - School and Community involvement
 - Please attach your transcript

Mail completed application with transcript to: (deadline April 2, 2024)

Colorado Valley Telephone Cooperative Attn: Scholarship Committee P.O. Box 130 La Grange, TX 78945

Applications must be postmarked or hand delivered by/on April 2, 2024 Completed applications **including transcript** will be given primary consideration. Incomplete or late applications may be considered ineligible.

SCHOLARSHIP APPLICATION FORM

FAMILY PROFILE

1.	Applicant's name:	Last	Fir		Middle Initial
2	D			51	
2.	Permanent Mailing	Street	City		Zip
3.	Permanent Email A (do not use your HS email)	Address:			
4.	Home Telephone N	lumber:	Cell Phone	Number:	
5.	Sex Age	Date of	of Birth Place	e of Birth	
6.	Are you a United S	tates citizen?			
7.	How long have you	ı resided in Texas	? ir	1 Fayette County?	
8.	With whom do you	currently reside?	NN	Jame:	
9.	Father's Name:		Occ	upation:	
10.	Name and Address	of Father's Empl	oyer:		
	Years with Employ	ver:			
11.	Mother's Name:		Oco	cupation:	
12.	Name and Address	of Mother's Emp	oloyer:		
	Years with Employ	ver:			
13.	Will your parents contribute to the cost of your education? Both Mom only Dad only				
14.	Please list below al	l immediate fami Name	ly members (excluding Parent/G	uardians) living at home: Age	
15.		s or sisters curren	tly attending post-seconda	ry institutions:	
	Name of the post-s	secondary institut	ion each is attending:		

ACADEMIC PROFILE

16.		on a college 4	4.0 scale (unweighted) 6-semester GPA	Ranking GPA:	(weighted)
17		-			
17.	Class Rank:	out of	(class size)	Date Ranked:	
18.	PSAT: Total:	ERW:	MSS:		
19.	SAT: Total:	ERW:	MSS:		
20.	ACT: English:	Math:	Reading:	_Science:	Composite:
21.	Name of High Sc	chool(s) Attended:			
22.	High School Gra	duation Date:			
23.	College, universi	ty or trade school y	you wish to attend:		
	• First Choice:			A	pplied Accepted
	Second Choice	ce:		A	pplied Accepted
	Proposed College	e Major:			
24.	Briefly describe l	how you plan to use	e this major followi	ing graduation fro	om college.
25.	List other scholar	rships you have rec	eived or anticipate	receiving.	
	Scholarship			Amou	nt
	Scholarship			Amou	nt
	Scholarship			Amou	nt

ALL INFORMATION CONTAINED HEREIN IS TO BE KEPT STRICTLY CONFIDENTIAL.

EXTRACURRICULAR PARTICIPATION

26. List seven (7) of your <u>most significant</u> leadership roles, honor, and/or awards extended to you while a student in high school.

Name of Activity	Year(s)

27. List five (5) extracurricular school activities in which you have been <u>most significantly</u> involved as a student in high school.

Name of Activity	Year(s)

28. List three (3) community and/or church activities in which you have been <u>most significantly</u> involved while a student in high school.

Name of Activity

Year(s)

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WORK EXPERIENCE

29. List any employer(s) for whom you have worked during high school.

Employer	Duties	Employment Dates

SELF-APPRAISAL

30. In the space below, please explain in light of everything you have shared thus far, why you feel you both NEED and MERIT this scholarship. Please do so in *your own handwriting*. You may use the back.