



2019 SCHOLARSHIP APPLICATION

Deadline for applying: March 15, 2019

Copper Valley Telecom is pleased to announce that two \$500 scholarships are available to graduating seniors, whose parents/guardians have their cell phone service with Copper Valley Telecom and reside in Cordova.

The scholarship committees will select the finalists based on the merits of this application and possibly an interview. Scholarship recipients will be recognized at the CVTC Annual Meetings and again at graduation ceremonies.

Proof of school acceptance must be submitted prior to award disbursement. Disbursement of the award will be made to the school's financial aid office following receipt of verification of enrollment from the school. In the event no qualified applications are received, the Scholarship Committee reserves the right to forego awarding one or more scholarships each year.

APPLICATION DIRECTIONS

The following information must be included in your application packet:

1. High school transcript (minimum 2.0 grade point average).
2. Three letters of recommendation, one from each of the following:
 - Classroom teacher
 - Community or industry member, or employer
 - Personal reference
3. Personal data narrative, **not to exceed two double-spaced pages**, including:
 - Personal history
 - Description of involvement in clubs, school, and community activities
 - Outline of education and career goals
4. Certification must be signed by applicant and high school counselor or principal.

Applications and supporting documents may be mailed, emailed or hand delivered to Copper Valley Telecom. All applications must be received in CVTC's business office no later than 5:00 p.m. on Friday, March 15th, 2019.

COPPER VALLEY TELEPHONE COOPERATIVE, INC.

SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

NAME OF PARENT OR GUARDIAN: _____

(Must be a current Copper Valley Telecom cell phone customer in Cordova).

CVTC/COPPER VALLEY WIRELESS CELL PHONE NUMBER: _____

HIGH SCHOOL PRESENTLY ENROLLED IN:

NAME OF TRADE SCHOOL / COLLEGE:

LOCATION: _____

FIELD OF STUDY: _____

I hereby authorize my school to complete the information required below:

CUMULATIVE THROUGH JUNIOR YEAR:

Grade Point: _____ Class Size: _____ Rank: _____

SENIOR YEAR:

Grade Point: _____ Class Size: _____ Rank: _____

Student's Signature _____ Date _____

Counselor / Principal's Signature _____ Date _____

Please attach high school transcript, letters of recommendation and personal narrative to this form.