

2016 SCHOLARSHIP APPLICATION

Deadline for applying: March 31, 2016

Copper Valley Telephone Cooperative, Inc. is pleased to announce that \$11,000 in scholarships will be made available to graduating seniors whose parents are current members of CVTC, and reside in the Valdez or Copper Basin School Districts, including the communities of Tatitlek and Mentasta. Scholarship funds will be divided equally between the two districts.

The scholarship committee 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 in a given 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 or hand delivered to CVTC offices. All applications must be received in CVTC's business office no later than <u>6:00 p.m. on Thursday, March 31</u>, 2016.

COPPER VALLEY TELEPHONE COOPERATIVE, INC. SCHOLARSHIP APPLICATION

NAME:		
ADDRESS:		
NAME OF PARENT OR GUARDIAN:		
CVTC LANDLINE PHONE N	JMBER:	
HIGH SCHOOL PRESENTLY	/ ENROLLED IN:	
NAME OF TRADE SCHOOL	/ COLLEGE:	
LOCATION:		
FIELD OF STUDY:		
I hereby authorize my school	to complete the in	formation required below:
CUMULATIVE THROUGH J	JNIOR 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.