

SANTA ROSA TELEPHONE COOPERATIVE

SCHOLARSHIP INFORMATION 2020

The Santa Rosa Telephone Education Scholarship Fund is available to graduating high school seniors who desire to further their education; to acquire the knowledge and skills to better prepare for the future. The intent of the scholarship is to encourage individuals to demonstrate civic responsibility and scholastic achievement.

Amount and Disbursement of Scholarship – Three (3) \$2500.00 scholarships will be awarded in the amount of \$1250.00 per semester by the Santa Rosa Telephone Scholarship Fund Committee. The first half of the scholarship will be made available prior to the beginning of the first semester once the committee receives proof of enrollment. Upon completion of the first semester, the committee must receive a transcript created by the school certifying that the recipient achieved a grade point average of 2.5 or better. Upon receipt of this information and proof of enrollment of a minimum of 12 semester hours for the second semester, the committee will issue the second half of the scholarship. No money will be paid directly to the recipient. A check will be mailed to the institution's Scholarship Office. The scholarship shall be used during the regular fall semester and succeeding spring semester following the award of the scholarship.

Qualification Criteria – The recipient must be a graduating high school senior who resides in the Santa Rosa Telephone service area as a member of the immediate family of an active member of Santa Rosa Telephone Cooperative, Inc. An active member is defined as a subscriber receiving local telephone service from a Santa Rosa Telephone Cooperative exchange. Internet only customers, employees, directors and their dependents are not eligible. High School seniors and nontraditional students can apply. Non-traditional students include those students attending private, parochial, or home school.

Application Requirements – The recipient must submit a current photo along with the completed scholarship application and an approximate 500-word essay stating your future plans and how this scholarship will aid in those plans. Please type or hand print the essay. Two (2) letters of recommendation (cannot be from a relative); one must be from a teacher, principal or counselor from the high school the applicant is currently attending from which the applicant will graduate during the year of application. Deliver or mail to Santa Rosa Telephone Cooperative, Inc. Education Scholarship Fund, ATTN: Tracy Rowland, PO Box 2128, Vernon TX. 76385. **The application must be received by Monday, February 3, 2020. Applications received after the deadline will not be considered.**

Scholarship information and applications will be available from your high school counselor or from the Santa Rosa Telephone business offices in Vernon, Seymour, Haskell or Childress or visit srcaccess.net. If you have any questions, please contact Tracy Rowland at 1-888-886-2217.

Winners will be notified by February 28th 2020 and invited to join us at the Santa Rosa Telephone Cooperative Annual Meeting held in March 2020 where they will be introduced and receive a certificate.



EDUCATION SCHOLARSHIP APPLICATION FORM

Santa Rosa Communications Education Scholarship

Full Name: _____

Address: _____

Telephone Number: _____

Father's Name: _____ Mother's Name: _____

Father's Occupation: _____ Mother's Occupation: _____

Are you or your parent(s) active members of Santa Rosa Telephone Cooperative, Inc.?

_____ If yes,

give name(s) and addresses under which the account is billed:

Number of dependent children in family (including applicant): _____

How many other family members are currently in college: _____

Which junior college, college, university, technical or vocational school do you plan to attend? You may list more than one in preferred sequence.

Field or vocation you plan to study: _____

Estimated college expense for one (1) year: _____

Have you received any other scholarships? _____

If so, how many? _____

High school(s) attended: _____



List academic honors received in high school: _____

School related clubs, activities and achievements: _____

Community clubs, activities and achievements: _____

What are your favorite hobbies or recreational activities? _____

Work Experience:

Name of Employer	Type of Work	Length of Service
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



SCHOOL CERTIFICATION

Santa Rosa Communications Education Scholarship

A school official must provide the following information. Failure to provide this information, including school certification, will disqualify this application.

Name: _____

Cumulative GPA (9th – 12th grades) _____

Class Standing: # _____ **in a class of** _____ **students.**

ACT Score: _____ **SAT Score:** _____

Signature of School Official Certifying Grades, Scores and Standings

Print Name and Title



APPLICANT AGREEMENT

Santa Rosa Communications Education Scholarship

In applying for this scholarship, I am aware that I must maintain above average grades (at least 2.5 on a 4.0 scale) and demonstrate acceptable standards of citizenship and character.

I agree to permit the review of this application and my school records by the Administrators of *Santa Rosa Telephone Cooperative, Inc. Education Scholarship Fund* and those they designate to assist them in selecting scholarship recipients.

Signature

Date

Signature of Qualified Member*

Date

**** Qualified Member is a parent or legal guardian of applicant receiving local telephone service from Santa Rosa Telephone Cooperative, Inc.***



LETTER OF RECOMMENDATION
Santa Rosa Communications Education Scholarship

Instructions for Recommendation Form

1. Applicant must sign recommendation letter where indicated prior to completion.
2. The letter of recommendation must be completed on the form below and on the back placed in a sealed envelope. Please sign and provide any additional comments. Return the sealed envelope to the student.
3. Applicant: Letter of Recommendations must be received in the sealed envelope along with your completed application and official transcript.

-
APPLICANT: _____

I know the person listed above in the following manner _____

“In accordance with the Family Educational Rights and Privacy Act of 1974, I waive my right to review this recommendation by signing my name below. This recommendation will be held in confidence by Administrators of the *Santa Rosa Telephone Cooperative, Inc. Education Scholarship Fund* for use in scholarship selection only.”

Applicant Signature

Date

PERSONAL COMMENTS:



LETTER OF RECOMMENDATION

Please check the appropriate box for the applicant:

	Below Average	Average	Above Average	Exceptional
Initiative/Motive				
Intellectual Curiosity				
Oral Communication				
Creativity				
Energy				
Self-Confidence				
Leadership/Influence				
Responsibility				
Integrity				
Concern for Others				
Warmth of Personality				
Sense of Humor				
Emotional Maturity				
Reaction to Setbacks				
Respect by Faculty				
Respect by Peers				

Signature _____



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Concern for Others				
Warmth of Personality				
Sense of Humor				
Emotional Maturity				
Reaction to Setbacks				
Respect by Faculty				
Respect by Peers				

Signature _____

