



## **2021 Santa Rosa Education Foundation Scholarship Application**

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 \$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.

### **Requirements**

- Completed application
- Current photo
- An approximate 500-word essay stating your future plans and how this scholarship will aid in those plans.
- Two letters of recommendation: Cannot be a relative. One must be from a teacher, principal or high school counselor from the high school the applicant is currently attending and will be graduating from during the year of application.

Please deliver or mail to: Santa Rosa Telephone Cooperative, Inc. Education Scholarship Fund, ATTN:  
Madison Jump, PO Box 2128, Vernon TX. 76385.

**The application must be received by April 1, 2021. Applications received after the deadline will not be considered. Winners will be notified by phone on April 16, 2021.**

If you have any questions, please contact Madison Jump, Human Resource Specialist  
940-886-2017 • [Madison.jump@santarosafiber.com](mailto:Madison.jump@santarosafiber.com)



**SANTA ROSA COMMUNICATIONS EDUCATION SCHOLARSHIP APPLICATION FORM**

**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:** \_\_\_\_\_

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**School related clubs, activities and achievements:** \_\_\_\_\_

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**Community clubs, activities and achievements:** \_\_\_\_\_

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**What are your favorite hobbies or recreational activities?** \_\_\_\_\_

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**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 (9<sup>th</sup> – 12<sup>th</sup> grades) \_\_\_\_\_

Class Standing: # \_\_\_\_\_ in a class of \_\_\_\_\_ students.

ACT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_

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Signature of School Official Certifying Grades, Scores and Standings

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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.

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

Signature \_\_\_\_\_



**LETTER OF RECOMMENDATION**  
**Santa Rosa Communications Education Scholarship**

**Instructions for Recommendation Form**

- 4. Applicant must sign recommendation letter where indicated prior to completion.
- 5. **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.
- 6. Applicant: Letter of Recommendations must be received in the sealed envelope along with your completed application and official transcript.

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-  
**APPLICANT:** \_\_\_\_\_

**I know the person listed above in the following manner** \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
**Applicant Signature** \_\_\_\_\_  
**Date**

**PERSONAL COMMENTS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## LETTER OF RECOMMENDATION

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<b>Reaction to Setbacks</b>				
<b>Respect by Faculty</b>				
<b>Respect by Peers</b>				

Signature \_\_\_\_\_



