

COPPER VALLEY TELEPHONE COOPERATIVE, INC.
SCHOLARSHIP APPLICATION CERTIFICATION

NAME: _____

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.