

COPPER VALLEY TELEPHONE COOPERATIVE, INC.

SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

Email Address: _____

NAME OF PARENT OR GUARDIAN: _____

(Must be a current member of Copper Valley Telephone Cooperative, Inc., or a wireless customer who lives in areas where landline service is not available, like Ellamar, Cordova etc.)

CVTC LANDLINE PHONE NUMBER: _____

*If you don't have a landline, please include the area you live in where CVT landline service is unavailable:

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.