

Scholarship Application

Name:	Date of Birth:		Gender:
Street Address:	City:	State:	Zip:
High School Attended:	Date of G	raduation:	
HCTC Telephone Number:	Social Security N	umber:	
Father's Name:	Mother's Name:		
Current Grade Point Average:			
1. What high school academic awards have you r	received?		
2. List any extra-curricular school-related activiti well as, any honors you received based on your p	_	d positions of	f leadership you held, as
3. List any community activities (not connected voffices and positions of leadership held, as well a	,	•	
4. Are you presently employed? Yes / No If s	so, where?		
List any employment experiences you have had o	during school or during	g summer brea	ıks.
5. Which college or university will you be attend	ling?		
6. Why do you feel Hamilton County Telephone	Co-op should award y	ou with a sch	olarship?



Scholarship Application

Dear Applicant:

This application is for Hamilton County Telephone Foundation Scholarship. There is also a .pdf version available on our website www.hamiltoncom.net/foundation.php. The scholarship amount will depend upon availability of funds and the number of applications received.

Eligibility Requirements:

- 1. Be a high school senior or already attending a post-secondary school.
- 2. Be enrolled in fall classes at a post-secondary school.
- 3. Student, parent(s) or legal guardian must be a current member of Hamilton County Telephone Co-op.

Applications should include:

- 1. Typed essay explaining the importance of cooperatives in our community.
- 2. A copy of high school transcript.
- 3. Hamilton County Telephone Co-op Scholarship Application

Application Deadline:

Application must be received no later than April 1, 2022. *They can be mailed to*:

Hamilton County Telephone Foundation Attn: General Manager

P.O. Box 40

Dahlgren, IL 62828

Thank you for your interest in Hamilton County Telephone Foundation's scholarship program. Recipients will be selected by April 26, 2022.