

Scholarship Application

Name:	Date of Birth:	G	ender:
Street Address:			
High School Attended:	Date of G	raduation:	
HCTC Account Number:	Social Security N	lumber:	
Father's Name:	Mother's Name:		
Current Grade Point Average:			
1. What high school academic awards have	ve you received?		
2. List any extra-curricular school-related well as, any honors you received based or	e	nd positions of	`leadership you held, a
3. List any community activities (not comoffices and positions of leadership held, a	· · · · · · · · · · · · · · · · · · ·	• •	
4. Are you presently employed? Yes / No. 1. List any employment experiences you have		g summer brea	ks.
5. Which college or university will you be	e attending?		
6 Why do you feel Hamilton County Tele	enhone Co-on should award y	you with a scho	olarshin?



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 March 14, 2025. 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 29, 2025.