



108 W. Main St., PO Box 28
 LaValle, WI 53941
 608/985-7201 * 608/985-8080 (fax)
 www.ltc.coop

2021 Scholarship Application
 \$250/2-Year College & \$750/4-Year College



NOTE: Applicant **MUST** have parent or guardian with active service(s) with LaValle Telephone Cooperative in order to qualify for this scholarship.

Applicant Name: _____

Address: _____

Name of parent or guardian: _____

Telephone #: _____ High School: _____

Number of Students in Class: _____ Rank in Class: _____ GPA: _____

College you plan to attend: _____

Have you been accepted? _____ Course of Study: _____

Will you live on campus or will you live at home & commute? _____

Have you been awarded, or expect to receive, other grants or scholarships? _____

If yes, name of scholarship/grant & amount: _____

Father's Occupation: _____ Mother's Occupation: _____

On additional page(s) please indicate career goals, any community and/or volunteer activities, awards or honors, work experience, income need and any other notable information you feel that we should consider.

ESSAY: Please type, 500 words or less, why you feel that you should be awarded this scholarship and if you plan on returning to a rural community after completing your education.

I herby certify that all of the information provided for this scholarship is complete and true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

APPLICATION MUST BE RETURNED TO LAVALLE TELEPHONE COOPERATIVE BY FEBRUARY 11, 2021—NO LATE APPLICATIONS WILL BE ACCEPTED.

PLEASE INCLUDE A SENIOR PICTURE WITH YOUR APPLICATION.