

202 N. East Street PO Box 67 Blue River, WI 53518 PH: (608) 537-2461 Fax: (608) 537-2222



2022 Scholarship Application

NOTE: Applicant <u>MUST</u> have parent or guardian with <u>active service(s)</u> with Richland-Grant Telephone Cooperative in order to qualify for this scholarship.

Applicant Name:		
Address:		
Name of parent or guardian:		
Contact #:	High School:	
Number of Students in Class:	Rank in Class:	GPA:
College you plan to attend:		
Have you been accepted? Co	urse of Study:	
Will you live on campus or will you live	e at home & commute? _	
Have you been awarded, or expect to	receive, other grants or s	scholarships?
If yes, name of scholarship/grant & ar	nount:	
Father's Occupation: Mother's Occupation:		
On additional page(s) please indicate activities, awards or honors, work expinformation you feel that we should co	perience, financial need ar	
ESSAY : Please type, 500 words or less scholarship and if you plan on returning education.		
I hereby certify that all of the information provided	d for this scholarship is complete and true to	the best of my knowledge.
Signature of Applicant:	Da	te:

APPLICATION MUST BE RETURNED TO THE RICHLAND-GRANT TELEPHONE COOPERATIVE OFFICE BY FEBRUARY 11, 2022.

NO LATE APPLICATIONS WILL BE ACCEPTED.

PLEASE INCLUDE A SENIOR PICTURE WITH YOUR APPLICATION.