

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



2025 Scholarship Application

NOTE: Applicant <u>MUST</u> have parent or guardian with <u>active service(s)</u> with Richland-Grant Telephone Cooperative or Genuine Telecom, 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? Cou	ırse 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 s	scholarships?
If yes, name of scholarship/grant & am	nount:	
Father's Occupation:	Mother's Occupation	on:
On additional page(s) please indicate activities, awards or honors, work experinformation you feel that we should contest. Please type, 500 words or less	erience, financial need aunsider.	nd any other notable
scholarship and explain what a cooper		
I hereby certify that all of the information provided	for this scholarship is complete and true to	the best of my knowledge.
Signature of Applicant:	Date:	

ORIGINAL APPLICATION MUST BE RETURNED TO THE RICHLAND-GRANT TELEPHONE COOPERATIVE OFFICE BY FEBRUARY 17, 2025.

NO LATE APPLICATIONS WILL BE ACCEPTED.

PLEASE INCLUDE A SENIOR PICTURE WITH YOUR APPLICATION.