

**THE TRI-COUNTY TELEPHONE ASSOCIATION, INC. SCHOLARSHIP PROGRAM
THE TRI-COUNTY TELEPHONE ASSOCIATION, INC.
P.O. BOX 299
COUNCIL GROVE, KS 66846**

APPLICATION

STUDENT'S NAME _____

HIGH SCHOOL _____

UNIVERSITY OR VOCATIONAL INSTITUTE YOU PLAN TO ATTEND

NAME OF PARENT OR LEGAL GUARDIAN* _____

TELEPHONE NUMBER _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

STUDENT'S CUMULATIVE GPA _____

SCHOOL COUNSELOR'S SIGNATURE _____

SCHOOL PRINCIPAL'S SIGNATURE _____

STUDENT'S SIGNATURE _____

PARENT OR GUARDIAN'S SIGNATURE _____

***Must be a Tri-County Telephone Association, Inc. subscriber**

(FOR OFFICE USE ONLY: TELEPHONE DISTRICT NUMBER _____)