

# WABASH TELEPHONE COOPERATIVE, INC 2021 SCHOLARSHIP FORM



Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of High School attending: \_\_\_\_\_

Names of Parents:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Rank in Class: \_\_\_\_\_ Number in Class: \_\_\_\_\_

SAT or ACT Conversion Score: \_\_\_\_\_

Cumulative GPA after 7 semesters: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this application to:**

Attention: General Manager  
Wabash Communications Co-op  
210 S. Church St.  
P.O. Box 299  
Louisville, IL 62858

**APPLICATION IS DUE BY MARCH 1ST, 2021**

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Name of Applicant: \_\_\_\_\_

Date application received: \_\_\_\_\_

Extra-Curricular Activities (organizations, athletics, music, etc.). Show years of involvement and offices held:

Honors/Awards:

Community and/or Other Activities:

Work Activities: Employed?  Yes  No. If yes, list your employer, job title, and approximate hours you worked per week.

Attachments to be included:

1. Copy of **High School Transcript** to date.
2. Statement of 100 words or less to include Course of Study for college proposed occupation or profession, future goals, and other information pertinent to the award which has not been previously mentioned on this form
3. "What are the benefits of being a Cooperative Member" essay must not exceed 1 page (8 ½ x 11) and be typed and double-spaced.