

Craw-Kan Telephone Cooperative Scholarship

Deadline: February 1

One time \$500 award

Name: _____ Date of Birth: _____

Parent's Names: _____

Address: _____

High School Graduation Year: _____

Name of College/University You Plan to Attend: _____

Anticipated Start Date: _____

Course of Study: _____

Carrer Plans: _____

Current GPA: _____ Class Rank: _____ Composite ACT Score: _____

In a short essay, please describe why you wish to be a recipient of this scholarship
(Include such things as career goals, financial needs, etc.)

Attach a current list of activities/awards/honors/work experience.

Return to the Counselor's Office by February 1.