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# Scholarship Application 2009

### Award Information

Administrator: PRIMO  
Award Amount: \$500.00  
# of Scholarships: Three  
Application Deadline: March 15, 2009  
Award Distribution: Upon submittal of college class registration and schedule  
Eligibility: Parent or Guardian must be a customer of a KS PRIMO member company.

### Scholarship Criteria

Gender: Female/Male  
Year of Study: Any undergraduate student  
Field of Study: Preference given to: Marketing, Public Relations, or Telecommunications related field  
School of Study: An accredited university, college, or technical school

Please fill out the following information completely and accurately. Submit this form with a current photograph of yourself to your local telephone company.

Student Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ Male or Female (circle one)

Date of Birth \_\_\_/\_\_\_/\_\_\_ Home Phone \_\_\_\_\_ G.P.A. \_\_\_\_\_

Home Mailing Address \_\_\_\_\_  
Number/Street City/State Zip

Parent's Names \_\_\_\_\_

Your Local Telephone Company \_\_\_\_\_

University/College Name you plan to attend \_\_\_\_\_

Address while at school \_\_\_\_\_  
(if known) Number/Street City/State Zip

Classification during the Fall Semester (August 2009): (circle one)  
Incoming Freshman Continuing or Returning Student Transfer Student  
If continuing, returning, or transfer I will be a: \_\_\_\_\_  
(fresh., soph., jr., sr.)

Major or Expected Major \_\_\_\_\_ Full or Part Time Student (circle one)

Please write a little bit about your educational and career plans.

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Please list any awards or honors you have received.

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Please list any interests, activities, or job/work experience you have.

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PRIMO will select 3 applicants and one alternate in the event a recipient does not attend an accredited school. By signing this application you agree that all information submitted within is accurate and that you agree to let us use your information and picture in the public announcement of award should you receive an award from PRIMO.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this Application to:

**Your local telephone company.**