

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

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(FOR OFFICE USE ONLY: TELEPHONE DISTRICT NUMBER \_\_\_\_\_)

