

APPLICATION DIRECTIONS

The following information must be included in your application packet:

1. High school transcript (minimum 2.0 grade point average)
2. Three letters of recommendation, one from each of the following:
 - Classroom teacher
 - Community or industry member, or employer
 - Personal reference
3. Personal data narrative, **not to exceed two double-spaced pages**, including:
 - Personal history
 - Description of involvement in clubs, school, and community activities
 - Outline of education and career goals
4. Certification must be signed by applicant and high school counselor or principal.

Applications and supporting documents may be mailed or hand delivered to CVTC offices or turned in to your school's student advisor. All applications must be received in CVTC's business office no later than 5:00 p.m. on Friday, April 2, 2010.

Copper Valley Telephone Cooperative, Inc. is pleased to announce that \$5,500 in scholarships will be made available to graduating seniors of CVTC members residing in the Valdez School District, including the community of Tatitlek.

The scholarship committee will select the finalists based on the merits of this application and possibly an interview.

Scholarship recipients will be recognized at the CVTC Annual meetings and again at graduation ceremonies.

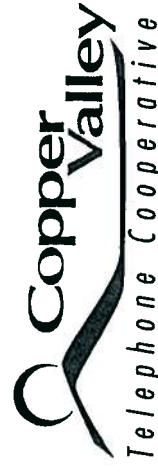
Proof of school acceptance must be submitted prior to award disbursement. Disbursement of the award will be made to the school's financial aid office following receipt of verification of enrollment from the school.

In the event no qualified applications are received, the Scholarship Committee reserves the right to forego awarding one or more scholarships in a given year.

**COPPER VALLEY
TELEPHONE
COOPERATIVE, INC.**

**2010
SCHOLARSHIP
APPLICATION**

**Deadline for applying:
April 2, 2010**



The People You Know



COPPER VALLEY TELEPHONE COOPERATIVE, INC.

SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____ PHONE NUMBER: _____

NAME OF PARENT OR GUARDIAN: _____

HIGH SCHOOL PRESENTLY ENROLLED IN:

NAME OF TRADE SCHOOL / COLLEGE:

LOCATION: _____

FIELD OF STUDY: _____

I hereby authorize my school to complete the information required below:

CUMULATIVE THROUGH JUNIOR YEAR:

Grade Point: _____ Class Size: _____ Rank: _____

SENIOR YEAR:

Grade Point: _____ Class Size: _____ Rank: _____

Student's Signature

Date

Counselor / Principal's Signature

Date

Please attach high school transcript, letters of recommendation and personal narrative to this form.