



## 2025 Scholarship Fund Application Packet

COLTONTEL maintains a scholarship fund for the benefit of its members and families. The purpose of which is to recognize and provide financial assistance to college or trade/technical school students pursuing an education in any degree program of study.

There are a total of THREE (3) scholarships available:

- 1) Eileen Wallace Hayes Memorial
- 2) Bev Rice Memorial
- 3) Larry Benthin Scholarship

This scholarship fund is subject to the following rules and regulations:

1. To be eligible, the candidate must be a member of COLTONTEL with active service or an immediate family member legally residing in the member household on the date of initial award of scholarship.
2. Applicants must be seniors in High School with a GPA of 2.5 (C+) average with grades earned in their junior year and end of the first semester of the senior year.
3. This award is for one year and is non-renewable.
4. The recipient must attend a college or an accredited post-secondary institution.
5. Applications must be on the official COLTONTEL application form and be received at the COLTONTEL business office **no later than March 14, 2025 at 3:30 p.m.**
6. Selection shall be made by the COLTONTEL Scholarship Committee.
7. Annually, the COLTONTEL Board of Directors shall determine the number of scholarships and the amount of the awards.
8. Payments of grant shall be made directly to the college or institution on behalf of the recipient upon submission of verified registration to an approved school.
9. Termination of the student's school program will result in the cancellation of award and remaining funds will not be disbursed.
10. Applicant must be available to meet with the Selection Committee if selected as a finalist for award.
11. Recipient must verify high school graduation or current enrollment in a post high school educational institution when disbursement of funds is requested.

*RECIPIENT NOTIFICATION: Students selected for awards will receive certificates at their respective graduation ceremonies – no advance notice will be given. A formal letter will be mailed to each scholarship recipient to confirm their respective scholarship. Each recipient is required to complete and return the Enrollment Verification Form as instructed – failure to do so will delay and may forfeit such scholarship. Once the enrollment form has been authenticated, scholarship money is distributed directly to the college on behalf of the student.*



## Scholarship Fund Application

**Complete the application form and return no later than March 14, 2025 at 3:30 p.m. to the COLTONTEL business office.**

Please type or print legibly and staple your responses to this form - DO NOT include your name in any of your attached personal responses.

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**The following questions must be completed individually in essay form. Failure to complete application in full will result in disqualification.**

- A) Briefly state why you are applying for this scholarship and why you feel you should be selected.
- B) Provide a description of your education goals. List the school(s) you want to attend and include the factors you are using in making your choice(s).
- C) Describe your financial requirements for the full year of study for which application is being made.
- D) Briefly summarize the school activities in which you have participated. Include any leadership roles, awards, or honors you have received.
- E) Prepare a one-page paper in such a manner that your writing will help the selection committee to know and understand you better as a person. Include your home and community activities, work experiences, hobbies, and any other life experiences that have helped to make you who you are.

**A complete transcript of grades and credits available must be presented with this application when submitted. This information will be kept confidential.**

COLTONTEL sponsor information:

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Approved Board Resolution#22-02