



2020 Appalachian Wireless Scholarship Information

Eligibility Requirements

1. Applicant must live and attend high school within the Appalachian Wireless 24 county home coverage area. (Bell, Breathitt, Buchanan, Clay, Dickenson, Elliott, Estill, Floyd, Harlan, Jackson, Johnson, Knott, Knox, Lawrence, Lee, Leslie, Letcher, Martin, Magoffin, Mingo, Morgan, Perry, Pike, Powell, Owsley, Whitley, and Wolfe).
2. Applicant's parents or legal guardian must be a current Appalachian Wireless customer who has received service for a minimum of 12 months, and is in good payment standing.
3. Applicant must be a senior graduating from high school in the Spring of 2018 and must enroll full-time in a post-secondary institution or higher education (two or four-year college/ university, business school, or vocational-technical school/institute) as a beginning freshman in the Fall of 2019.
4. Applicant cannot be an employee or an immediate family member of individuals who are employed with Appalachian Wireless, Inc., or East Kentucky Network, LLC, or affiliates, or Appalachian Wireless Authorized Dealer.
5. Applicant must have a 2.5 GPA (4.0 scale) at the time of application.

Selection Criteria

- Financial Need — 45%
- Academic Achievement — 25%
- School/Community Involvement — 20%
- Personal Essay/Letters of Recommendation — 10%

**There will be no discrimination based upon sex, age, race, national origin, religion, or special needs and all information provided will be kept strictly confidential.*

Selection Process

1. A scholarship committee will review each application. The committee will select **eight** students to receive a \$1,000 scholarship and their decision is final. All applications become the right of Appalachian Wireless and will not be returned.
2. Your guidance counselor will be notified in May if there is a winner from your school. All winners will be contacted by Appalachian Wireless and will receive recognition at their awards ceremony.

Scholarship Payment

1. All scholarship funds will be made payable to the institution of choice upon official notification of enrollment from the registrar.
2. The scholarship can be applied to tuition, housing, books or other college related fees.

Guidelines

1. Complete the attached **3-page** application in its entirety and mail to:
***Appalachian Wireless,
c/o Marketing Assistant
101 Technology Trail, Ivel, KY 41642.***
2. All completed applications must be postmarked and mailed no later than **March 1, 2020**.
3. The following items **MUST** be included with the application to consider it complete:
 1. High school transcript — must be an official document and should include recent report on senior year as well as GPA and ACT or SAT scores (if taken).
 2. Three letters of recommendation: **two from a school official/teacher and one from a member of the community or a non-relative who knows you knows you well**. Letters should describe your school/community involvement, personal characteristics, and/or other factors supporting your candidacy. All letters must be typed.
 3. One 8½ x 11" page typed essay entitled, *"The reasons why I should receive this scholarship and the role it plays in helping me achieve my goals."*

**For faster processing please do not staple paperwork.*

***Judging is done anonymously, please do not include pictures in submissions.*



2020 Appalachian Wireless Scholarship Application

(Please type or print legibly in black ink.)

Part I: Background Information

LAST NAME FIRST NAME MIDDLE INITIAL

STREET ADDRESS

CITY STATE ZIP CODE

HOME TELEPHONE NO. SOCIAL SECURITY NO.

DATE OF BIRTH AGE SEX

FATHER'S NAME MOTHER'S NAME

LIST ALL APPALACHIAN WIRELESS CELL NUMBERS IN HOUSEHOLD

Part II: School Information

NAME OF HIGH SCHOOL COUNTY

STREET ADDRESS

CITY STATE ZIP CODE TELEPHONE NO.

NAME OF COLLEGE/UNIVERSITY YOU PLAN TO ATTEND

STREET ADDRESS

CITY STATE ZIP CODE TELEPHONE NO.

INTENDED MAJOR INTENDED MINOR

Part III: Financial Need

FATHER'S EMPLOYER OCCUPATION

MOTHER'S EMPLOYER OCCUPATION

PLEASE INDICATE YOUR FAMILY'S ADJUSTED GROSS INCOME FROM LAST YEAR'S TAX RETURN

PLEASE LIST ANY FINANCIAL AID OR SCHOLARSHIPS THAT YOU'VE BEEN AWARDED AND AMOUNTS

TOTAL NUMBER OF FAMILY MEMBERS LIVING AT HOME

NUMBER OF DEPENDENT'S IN YOUR FAMILY INCLUDING YOURSELF AGES

DO YOU HAVE ANY BROTHERS/SISTERS ATTENDING COLLEGE? IF SO, HOW MANY AND WHERE DO THEY ATTEND?

IF EMPLOYED, PLEASE PROVIDE THE NAME OF YOUR EMPLOYER

Part III: Financial Need (Continued)

HOW MANY HOURS DO YOU WORK PERWEEK?

DO YOU PLAN TO WORK WHILE ATTENDING COLLEGE?

LIST ANY OTHER FINANCIAL CONSIDERATIONS WHICH SHOULD BE NOTED

Part IV: School/Community Involvement

Please list your most outstanding school activities (i.e. clubs, athletic teams, etc.) **in order of importance** to you. You may attach a separate sheet of paper if needed.

Activities	List Year(s) of Membership (9, 10, 11, 12)	Leadership Position (Indicate offices held and year)
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Please list any awards/honors you have received during high school:

Please list your most outstanding community activities (i.e. church groups, social groups, volunteer organizations, etc.) **in order of importance** to you. You may attach a separate sheet of paper if needed.

Activities	Years of Involvement	Leadership Position (Indicate offices held and year)
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Part V: Academic Information — Your guidance counselor must verify the following information.

GPA (ADJUST TO A 4-POINT SCALE)

CURRENT GPA

(LAST SEMESTER)

OVERALL HIGH SCHOOL GPA

ACT SCORES

English:

Math:

Reading:

Science:

Composite:

SAT SCORES

Verbal:

Math:

Total:

NUMBER IN GRADUATING CLASS

CLASS RANK

NUMBER OF HONOR CLASSES TAKEN AND/OR IN PROGRESS

NUMBER OF A.P. CLASSES TAKEN AND/OR IN PROGRESS

Part V: Academic Information (Continued)

PLEASE CIRCLE THE DIPLOMA YOU WILL RECEIVE

- Kentucky Commonwealth
- Diploma requiring honors classes
- Diploma requiring no honors classes
- Only diploma offered

I have verified the above information and acknowledge that this student is in good standing with the educational institution.

SIGNATURE OF GUIDANCE COUNSELOR

DATE

Part VI: Student Acknowledgement

By signing below, I understand and agree to abide by the requirements/terms described in the scholarship package and verify that all information I have provided is accurate. This signature gives permission for the Scholarship Committee to release my transcript for the purpose of determining my scholarship eligibility.

SIGNATURE OF APPLICANT

DATE

FOR APPALACHIAN WIRELESS USE ONLY

Applicant _____ Application Complete

RSA

Number

Date _____

Received