

**Leaco Rural Telephone Cooperative**

**Scholarship Application**

As a cooperative, Leaco Rural Telephone Cooperative (LEACO) is owned by the members we serve. The very nature of LEACO is *for the community, by the community*. This $1000 scholarship ($500 for 2 consecutive terms) is just one way for your home-town communications provider to serve you. We hope there are many more opportunities to serve you and your family in the years to come.

**QUALIFICATIONS:**

1. The Applicant or applicant’s parent/guardian must be a customer of LEACO and the account must be in ‘good standing’. For purposes of this application, ‘in good standing’ shall be defined as an active account which has not been disconnected for non-payment within 6 months of the scholarship deadline (October 31, 2018)

2. Applicant must be a high school senior.

3. Applicants must intend on enrolling full-time (at least 12 credit hours per semester) in any post-secondary institution providing at least a two-year degree program. Proof of full-time enrollment is required before receiving actual funds.

**INSTRUCTIONS:** *(checklist)*

1. ☐ Application must be completed electronically or typed.

2. ☐ Application must be signed by the student, a parent/guardian, and a representative of the high school.

3. ☐ Applicant must submit a high school transcript through the 7th semester showing ACT and/or SAT scores.

4. ☐ Applicant must provide two letters of reference; one from a teacher, counselor, or school administrator, and the second from someone not affiliated with the applicant’s high school. Letters must have a legal signature and be dated.

5. ☐ Application packets must arrive to the address below by 5:00 pm Mountain time on Friday, April 5, 2019.

6. ☐ Once approved for the scholarship, applicant will be sent further instructions regarding providing proof of enrollment to obtain the actual scholarship funds.

**Leaco Rural Telephone Cooperative**

**C/O Myra Lane**

**220 W. Broadway**

**Hobbs, NM 88240**

**Note: Incomplete application packets or packets received after the deadline will not be considered, including but not limited to missing documents, questions left blank, or signatures missing.** Once submitted, all scholarship applications become the property of Leaco Rural Telephone Cooperative and are kept confidential. The names are removed from the applications and reviewed by a committee made up of community members for approval.

Leaco Rural Telephone Cooperative

Scholarship Application

1. **Enter Full Name**: Click here to enter text.
2. **Full Mailing Address** **(including city, state, and zip code)**: Click here to enter text.
3. **Phone Number** **(including area code)**: Click here to enter text.
4. **Parent(s) or guardian(s) name(s):** Click here to enter text.
5. **Name of high school from which you graduated or will graduate:** Click here to enter text.
6. **Date of Graduation:** Click here to enter text.
7. **Name and mailing address of school you will be attending full-time in the fall:** Click here to enter text.
8. **Please list your desired major or field of study:** Click here to enter text.
9. **List employment if applicable:** Click here to enter text.
10. **List extra‐ curricular activities both in school/out of school:** Click here to enter text.
11. **List any special awards received and when:** Click here to enter text.
12. **Please list your career goals:** Click here to enter text.

Student’s Signature Date

Parent or Guardian Signature Date

Please type in the text box, or type and attach an essay explaining why LEACO should invest in your education. (300-350 words)

Click here to enter text.

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Scholarship Application

***The following information must be completed by a high school counselor or principal. Please print this page and request the following information.***

***(This page may be typed or hand-written)***

1. Student’s High School GPA (based on 4.0 scale) at the end of the 7th semester: \_\_\_\_\_\_\_

2. Applicant ranks in class of students. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide additional information you believe we should consider in evaluating this applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Applicant has been required to obtain and enclose a copy of their transcript through the 7th semester, including ACT and/or SAT scores.

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Signature of School Official Title Date