



2017 Vernon Communications Cooperative (VC Co-op) Scholarship & Continuing Education Grant

Applicant must be a current subscriber to **Vernon Communications Cooperative** services. Children living in the household of the subscriber are also eligible.

The following documents must accompany this application:
(Incomplete applications will not be considered.)

1. If available: a photo copy or certificate, verified by the proper authority stating the applicant's ACT/SAT test scores. Grade point average (GPA) and history, including courses taken and grades received, from the first year of high school to date of application. (Transcript or post-secondary education copies sufficient).
2. A neatly hand written or typed statement by the applicant answering these questions.
 - A. How has technology impacted your life?
 - B. How do you expect technology to impact your future plans?
 - C. What is your general career goal and how do you expect technology will impact these goals?
3. A personal or professional letter of recommendation covering character, personality, scholarship and other relevant information concerning the applicant.

This application must be submitted directly to Vernon Communications Cooperative by February 10, 2017.

Email or mail/drop off at:

jpgedretti@vernoncom.coop

Vernon Communications Cooperative
Attn: Jana Pedretti
103 N. Main St
PO Box 20
Westby, WI 54667-0020

Scholarship and Continuing Education Grant Application: Vernon Communications Cooperative

(All forms must be legible)

Applicant Information

Applicant's Full Name: (Last name, First name, Middle initial):

Applicant's Address:

Applicant's Email Address:

Contact Number:

VC Co-op Member Name:

VC Co-op Member Account Number:

Applicant's Class Rank and total number of students in class (if applicable):

Applicant's Grade Point Average (if applicable):

Applicant's Schooling

List in chronological order all schools attended, including summer school and special courses or job-related continuing education.

Name of School

Location

Dates in Attendance

- 1.
- 2.
- 3.
- 4.

Name of University or Technical College

Two or Four Year School

- 1.
- 2.
- 3.

Type or print legibly, to answer these questions:

*How has technology impacted your life?

*How do you expect technology will impact your future plans?

*What is your general career goal, and how do you expect technology will impact this goal?

Letter of Recommendation

A personal or professional **sealed letter of recommendation** is required from a teacher, counselor, advisor, administrator, or employer covering character, personality, scholarship and other relevant information concerning the applicant.

Transcript

A copy of any educational transcripts, which includes your GPA, class rank, and/or either the ACT or SAT scores. If you cannot include your ACT or SAT scores, please explain why.

I hereby certify that I have read the above application and verify that, to the best of my knowledge, the statements therein contained are true.

Date

Signature