#### WISCONSIN STATE TELECOMMUNICATIONS FOUNDATION, INC.



122 W Washington Ave., Suite 1050, Madison, WI 53703 (608) 256-8866

AID TO EDUCATION
DOLLARS
An Investment in the Future

DIRECTORS: Doug Wenzlaff – Rick Letto – Scott Nyman

## WISCONSIN STATE TELECOMMUNICATIONS FOUNDATION, INC.

# Scholarship Application – 2020

One-Time Award of \$1,500 OR One-Time Award of \$750 or \$500

[Attending a Two-Year Technical College]

This page is to be given to the student applying for the scholarship along with the application form.

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

- 1. A photostat or certificate, verified by the proper authority stating the applicant's <u>ACT/SAT test scores</u>, Grade Point Average (GPA) and history, including courses taken and grades received from the first year of high school to date of application. (<u>Transcript</u>) Please include on the transcript the courses that the student will be taking [credits to be earned] for the second semester of their senior year.
- 2. A <u>NEATLY TYPED statement</u> by the applicant containing <u>no more than 500 words</u> answering these questions:
  - What is your primary goal in life?
  - Why did you choose that goal?
  - How do you expect to achieve that goal?
  - Where do you plan to be five years after college?
- 3. A <u>letter of recommendation</u> from a teacher, school counselor or administrator covering character, personality, scholarship and other relevant information concerning the applicant. (THIS LETTER IS TO BE ON HIGH SCHOOL LETTERHEAD.)
- 4. Senior year [wallet size] photograph. (PLEASE DO NOT STAPLE PHOTO TO THE APPLICATION.)

#### ALL FORMS ARE TO BE NEATLY TYPED [see below]

This application must be submitted [post-marked] to the <u>local</u> Telephone Company Manager by <u>February 11</u>, <u>2020</u>. This allows the high school counselor and student two months to complete the application.

<u>TDS TELECOM Applicants ONLY</u>, please submit to: Jean Pauk, TDS TELECOM, 525 Junction Road, Madison, WI 53717-2152.

NOTE: Applicants <u>WILL NOT</u> qualify for the WSTF scholarship if they qualify for the state of Wisconsin Academic Excellence Scholarship (AES). The AES is awarded to the student ranking first in his/her high school graduating class with a total school enrollment of between 80 and 499 students; first and second in a school with between 500 and 999 students; and so forth (one scholarship for every 500 students) in each high school in the state of Wisconsin. If a student is offered and refuses the AES, he/she will still automatically be eliminated as a WSTF scholarship applicant. WSTF will <u>NOT</u> consider these students. Please see first page of the application for details.

We have set up the Scholarship Application on our website to help students. If you would like to obtain access to this site, go to <a href="http://www.wsta.info/page/FoundationApp">http://www.wsta.info/page/FoundationApp</a> and scroll down and click on Foundation Scholarship Application 2020. Please complete the Application (pdf format) and print. Once you have completed and printed the form, include it with the rest of the information requested for the Application process and submit to your local telephone company. If you have any questions, please contact Chris Nachreiner or Sue Edington at the Foundation office at 608.256.8866, Extension 2454 [Chris], 2456 [Sue].

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WSTF

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Type this form, print and send to local telephone manager with the rest of the information requested.

ALL FORMS ARE TO BE	<u>: TYPED</u>	202			
Applicant's Full Name		202	U		
Last Na	ame		First Name		Middle Initial
Home Phone Number (	_)		Applicant Cell Numb	er (	_)
Applicant Email	Address:				
	STR	REET ADDRE	SS		
	CITY		STATE		ZIP CODE
Total Number of Students	Enrolled in High School	l (Grades 9-1	2)		
Applicant's Grade P	oint Average (GPA)		ACT National Comp	osite _	
Number of Students	s in Class	Applicar	nt's Rank in Class		
Do you believe	you will be ranked #1 or	r #2 in your cl	ass after 1st Semeste	er grad	les are in,
	iving the Academic Exc				
If no, and you (student) a					
student has higher ACT;	therefore, I am not eligi	ble for the Ac	ademic Excellence S	cholar	ship.):
A. ACADEMIC INFORMA	ATION				
	NAME OF COLL	EGE OR TEC	HNICAL COLLEGE		2 <u>OR</u> 4 YEAR
FIRST CHOICE					
SECOND CHOICE					
Desired course of study (o	r major). (You may indi	icate more tha	an one, or answer "u	ndecid	ed.")
Have you been accepted a	9				
If so, please indicate which	ı one(s):				
Will you live on campus or	will you live at home ar	nd commute?		_	
Have you been awarded (		receive) othe	er grants or scholarsh	ıips? \	Yes No
If yes, please complete se	ction below.				
NAME OF S	CHOLARSHIP/GRAN	T	AMOUNT Y	OU W	ILL RECEIVE

### **B. YOUR SCHOOLING**

List in	chronological	order al	schools	attended	in	the	last	three	years,	including	any	summer	or	specia
course	S.													

NAME OF SCHOOL	LOCATION (CITY)	DATES OF ATTENDANCE

List any academic distinction or honors you have won and grade levels (9, 10, 11, 12).

ACADEMIC DISTINCTION OR HONOR	GRADE LEVEL (9, 10, 11, 12)

**C. YOUR ACTIVITIES AND WORK EXPERIENCE** – Note those activities in which you have been actively engaged and which you feel have been most meaningful to you.

ACTIVITY	# OF YEARS PARTICIPATING	GRADE LEVEL	ANY OFFICES HELD

List jobs (including summer employment) you have held in the past 3 or 4 years.

JOB OR KIND OF WORK	EMPLOYER	YEAR	DATES	# OF HOURS WORKED PER WEEK

You may **use additional sheets** if necessary.

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#### D. ESSAY

On a separate sheet of paper, type a statement of **NO MORE THAN 500 WORDS** answering these questions:

- 1. What is your primary goal in life?
- 2. Why did you choose that goal?
- 3. How do you expect to achieve that goal?
- 4. Where do you plan to be five years after college?

This essay must be brief and **NEATLY TYPED**.

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A copy of your high school transcript, which includes	your GPA, rank in class and either the ACT or
SAT scores must be included with this application.	If you cannot include your ACT or SAT scores,
please explain why.	•

Please also fill in the following information regarding your ACT/SAT scores.

SAT Score (National PERCENTILES):				
READING/WRITING				
MATH				

OR

ACT (National Scores)				
ENGLISH				
MATH				
READING				
SCIENCE				
COMPOSITE				

F.	EXPLANATION/SPECIAL	CIRCUMSTANCES -	Please	use	this	space	to	explain	any	special
circu	ımstances. If more space is	needed, attach an additi	onal she	et of	pape	ſ.				

### TEACHER, SCHOOL COUNSELOR OR ADMINISTRATOR VERIFICATION

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 OF TEACHER, SCHOOL COUNSELOR OR ADMINISTRATOR
	Do you have any comments or recommended changes in this application?

APPLICANT NAME	
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### ENDORSEMENT TO BE COMPLETED BY LOCAL TELEPHONE MANAGER

### EACH APPLICATION MUST INCLUDE THIS ENDORSEMENT

Review the application and answer the following questions:

1.	Do you find the statements by the applicant substantially correct to the best of your knowledge?			
			Yes No	
	If no	, please comme	nt:	
2.			nent of applicants' parents or guardian has been eliminated from the application nion, as the local telephone manager, is there financial need of the applicant:	
			(please check one)	
		 	<ul><li>Low Financial Need (Above Average Financial Resources)</li><li>Average Financial Need (Average Financial Resources)</li><li>High Financial Need (Low Financial Resources)</li></ul>	
	Rem			
3.	Plea	Please comment on the student's:		
	A.	Appearance		
	B.	Involvement in Local Community		
	C.	Personality		
l he	ereby v	verify that the abo	ove application has been chosen as an official entry from my area.	
	BY (NAME)		DATE	
			PHONE #	
	TE	ELCO ADDRESS	<u> </u>	
			STATE ZIP CODE	

All information on this form will be kept in strict confidence.