



Stratford
MUTUAL TELEPHONE
 COMPLETE COMMUNICATION SERVICES
SCHOLARSHIP APPLICATION

This Scholarship's Application due date is April 15th.

PART 1—GENERAL INFORMATION

Name:		Date:	
Address:			
City, State ZIP:			
Mother/Guardian:		Occupation:	
Father/Guardian:		Occupation:	
Total number of family members living at home:			

Sibling Name	Age	Sibling Name	Age

Number of family members, including yourself, who will be attending college next year:

Have you or your parents/guardians ever subscribed to an SMTC service?:

If so, which services and when?:

PART 2—ACADEMIC INFORMATION

Your High School G.P.A. after the junior year:

The classes you've taken your senior year:

PART 3—POST SECONDARY PLANS

Name of Post Secondary Institution:	
Address:	
City, State Zip Code:	
Your intended course of study :	

What are your expected education expenses for next year?

Tuition Expenses:		Room & Board:		List Other Expenses:	
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PART 4—FINANCIAL INFORMATION

Check your family's adjusted gross income from the most recent Federal Income Tax Return:					
	Below \$25,000		\$35,000 to \$45,000		\$55,000 to \$65,000
	\$25,000 to \$35,000		\$45,000 to \$55,000		Above \$65,000

Other financial considerations which need to be noted:

PART 5—PLEASE LIST THREE PEOPLE WHO KNOW YOU WELL AND COULD BE CONTACTED AS A REFERENCE FOR YOU.

	Name	Address	City, State Zip
1			
2			
3			

PART 6—RELEASE OF INFORMATION

I give permission for my school to release my grades and records.

Student Signature:	
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