

Scholarship Program Criteria

- Multiple \$500 scholarships awarded annually, typically not more than six.
- Applicant must be a graduate of a high school whose district falls within our service area **or** have met their appropriate school's graduation requirements.
- Applicants must be students whose parents/guardians currently subscribe to Stratford Communications' services and/or have a direct connection to the company(such as a parent being employed by Stratford Communications).
- Following graduation, the Applicant must intend to enter a two-year or four-year college including vocational and technical schools.
- The SMTC Board of Directors will have the final say in determining which applicants will be awarded scholarships.
- In addition to the application, applicants are required to submit a minimum 600 word typed essay on the following topic: **"The effect of Communications Technology on society's past, present, and future"**
- **Applications due by April 15.** Late or incomplete applications will not be considered.
- Applications should be returned to one of our offices or mailed/emailed to:

Darcy Runestad, Marketing Director

Mailing Address:

Stratford Mutual Telephone Co.
1001 Tennyson Ave.
PO Box 438
Stratford, IA 50249

Email:

drunestad@stratfordtelephone.com

Award Procedures:

The winner(s) of the scholarship will be presented an awards certificate at an appropriate time, such as the awards ceremony at the end of the school year. The scholarship funds will then be made payable to the recipient's college of choice and sent directly to said college to the benefit of the awardee. The recipient(s) and their parents may be asked to sign a release to publish their photo and essay in local news outlets.

Stratford

COMMUNICATIONS

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SCHOLARSHIP APPLICATION

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

PART 1—GENERAL INFORMATION

Applicant Name:		Date:	
High School:			
Email:			
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:	
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Do you or your parents/guardians currently subscribe to our service?:	
If so, what is the account number for your account with us?:	
Account Holder Name:	

PART 2—ACADEMIC INFORMATION

Your High School G.P.A. after the junior year:	
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The classes you've taken your senior year:	
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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:	

PART 4—FINANCIAL INFORMATION

Check your family's adjusted gross income from the most recent Federal Income Tax Return:						
Below \$50,000		\$50,000 to \$75,000		\$75,000 to \$100,000		Above \$100,000

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 current school to release my grades and records.

Student Signature:	
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