



S1421 Hwy 33, PO Box 28  
LaValle, WI 53941  
608/985-7201 \* 608/985-8080 (fax)  
www.ltc.coop

**2024 Scholarship Application**  
\$750 Award / 2-Year or 4-Year



**NOTE:** Applicant **MUST** have a parent or guardian with active service with LaValle Telephone Cooperative in order to qualify for this scholarship.

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Telephone #: \_\_\_\_\_ High School: \_\_\_\_\_

Number of Students in Class: \_\_\_\_\_ Rank in Class: \_\_\_\_\_ GPA: \_\_\_\_\_

College you plan to attend: \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ Course of Study: \_\_\_\_\_

Will you live on campus or will you live at home & commute? \_\_\_\_\_

Have you been awarded, or expect to receive, other grants or scholarships? \_\_\_\_\_

If yes, name of scholarship/grant & amount: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

On additional page(s) please indicate career goals, any community and/or volunteer activities, awards or honors, work experience, income need and any other notable information you feel that we should consider.

**ESSAY:** Please type, 500 words or less, why you feel that you should be awarded this scholarship and explain what a cooperative means to you.

I hereby certify that all of the information provided for this scholarship is complete and true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION MUST BE RETURNED TO LAVALLE TELEPHONE COOPERATIVE  
BY FEBRUARY 10, 2024—NO LATE APPLICATIONS WILL BE ACCEPTED.**

**PLEASE INCLUDE A SENIOR PICTURE WITH YOUR APPLICATION.**