



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

2025 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 17, 2025—NO LATE APPLICATIONS WILL BE ACCEPTED.**

PLEASE INCLUDE A SENIOR PICTURE WITH YOUR APPLICATION.