

DELL TELEPHONE COOPERATIVE  
EDUCATION FOUNDATION

CONTINUING EDUCATION SCHOLARSHIP PROGRAM

**2016**

**SCHOLARSHIP APPLICATION**

**APPLICATIONS ARE DUE BY 12:00 NOON**

**MONDAY, JULY 20, 2016!!**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

Dell Telephone Cooperative, Inc.  
PO Box 67, 610 South Main  
Dell City, Texas 79837  
(915) 964-2352

**DELL TELEPHONE COOPERATIVE  
EDUCATION FOUNDATION  
2016 CONTINUING EDUCATION SCHOLARSHIP PROGRAM**

**Objective**

To provide financial assistance to academically successful college students pursuing an Associate Degree, Bachelor's Degree, Master's Degree, Technical or Vocational Certification on a full-time or part-time basis.

**Amount of Scholarships**

Scholarships awards will range in value from \$250.00 to \$2,000.00.

**Disbursement of Scholarship Funds**

Scholarships will be awarded ranging in value from \$250.00 to \$2,000.00. One half of the annual scholarship will be made available to the student prior to the beginning of the fall semester, **upon receipt of proof of enrollment and verification of student status and cumulative grade point average of 3.0.** The second half of the scholarship will be made available upon receipt of proof of enrollment for the spring semester, verification of full-time/part-time student status, and transcript verifying that the student achieved a grade point average of 3.0 or better for the fall semester. A full-time student is classified as one carrying 12 hours or more for the entire semester. A part-time student is classified as one carrying less than 12 hours for the entire semester. *Scholarship funds not disbursed prior to the first day of class each semester will be forfeited.*

**Forfeiture of Funds**

Scholarship funds may be forfeited or reduced if GPA requirements are not met, if student falls below student status provided on application, and/or if funds are not disbursed prior to the first day of class.

**Type and Location of School**

The scholarship can be used for any educational institution of higher learning. This will include any junior college, college, university, technical or vocational school.

**Qualification Criteria**

The recipient must be an active member, or the dependent of an active member of Dell Telephone Cooperative, Inc. An active member is defined as a subscriber in good standing\*, receiving local service/dial tone from any Dell Telephone exchange as of September 30, 2015.

**Scholarship Application**

Completed scholarship applications must be submitted to Dell Telephone Cooperative, Attn: Education Foundation, P.O. Box 67, Dell City, TX 79837, on or before 12:00 Noon, Monday, July 20, 2016. Scholarship information and applications are available at the Cooperative Business Office located at 610 South Main in Dell City, Texas or by calling 915/964-2139.

**Scholarship Announcements**

Scholarship recipients will be notified on or before August 1, 2016.

### **Statement of Nondiscrimination**

Dell Telephone Cooperative, Inc. is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <http://www.ascr.usda.gov/complaint.filing.cust.html>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

***\*Active member in good standing is one without late or past due payments, delinquent accounts, or prior unresolved write-offs.***

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**SCHOLARSHIP APPLICATION REQUIREMENTS**

- ✓ Applicant must be an active member or a dependent of an active member receiving service from Dell Telephone Cooperative, Inc. and must remain an active member or a dependent of an active member of the Cooperative for the duration of the Scholarship Award.
- ✓ An active member is defined as a subscriber in good standing\*, receiving local service/dial tone from any Dell Telephone Exchange as of September 30, 2015.
- ✓ Applicants applying as a “dependent of an active member” must meet IRS guidelines and provide proof of status. (Section “C” Exemptions from your parent’s 1040, 1040A, or 1040EZ will be accepted.)
- ✓ Applicant must use scholarship to attend an accredited junior college, college, university, technical or vocational school.
- ✓ Applicant must maintain a cumulative grade point average of 3.0 or above on a 4.0 scale.
- ✓ Your Application is considered **INCOMPLETE** and will not be considered for Scholarship Award unless each of the items noted below are received on or before 12:00 Noon on Monday, July 20, 2016:
  - 1) Completed Certification
  - 2) Completed Application
  - 3) Official college transcript-*mailed directly to DTC from educational institution*
  - 4) Two-page essay
  - 5) Educator’s Recommendation\*
  - 6) Non-Educator Recommendation\*
  - 7) Recent Color Photograph
- ✓ **\*Educator’s Recommendation and Non-Educator’s Letter of Recommendation must be mailed directly to the Cooperative.** Recommendation forms are included for your convenience.
- ✓ **Essay Requirements:** In a two-page essay, describe **“My Educational and Career Goals”**.
- ✓ **Incomplete or late applications will not be considered.**
- ✓ **Applications will not be accepted after 12:00 Noon on Monday, July 20, 2016.**

*\*Active member in good standing is one without late or past due payments, delinquent accounts, or prior unresolved write-offs.*

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**CERTIFICATION**

Instructions:

- 1) Please print or type
- 2) Include all requested attachments
- 3) Deadline: **Application must be received on or before 12:00 noon on Monday, July 20, 2016.**

**Applicant Information:**

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

City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name of Parent(s) or Guardian(s)\* \_\_\_\_\_

Address of Parent(s) or Guardian(s) \_\_\_\_\_

Name(s) and Telephone Number under which Dell Telephone account is billed: \_\_\_\_\_

**Applicant Certification:**

I hereby certify that the information on this application is complete and correct to the best of my knowledge. I hereby grant permission to Dell Telephone Cooperative, Inc. to contact my references and school if necessary, and to use my name and likeness in promotional materials in the event that I am selected to receive a scholarship.

I certify that I am an active member or a dependent of an active member receiving service from Dell Telephone Cooperative, Inc. I agree to provide proof of dependent status if necessary.

In applying for this scholarship, I am aware that I must maintain above average grades (at least 3.0 cumulative GPA on a 4.0 scale) and demonstrate acceptable standards of citizenship and character.

I agree to permit the review of this application and my school records by the Board of Directors of Dell Telephone Cooperative, Inc. Education Foundation and those they designate to assist them in selecting scholarship recipients.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (Qualified Cooperative Member)

\_\_\_\_\_  
Date

**DELL TELEPHONE COOPERATIVE  
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**APPLICATION**

Instructions:

- 1) Please print or type
- 2) Include only required attachments
- 3) Deadline: **Application must be received on or before 12:00 noon on July 20, 2016.**

School Currently Attending: \_\_\_\_\_

Current Semester GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Total Hours Earned: \_\_\_\_\_

Address of School Currently Attending: \_\_\_\_\_  
\_\_\_\_\_

School Telephone #: (Admissions Office): \_\_\_\_\_

Field of Study: \_\_\_\_\_

Estimated College Expenses for 1 Year \_\_\_\_\_  
(Room, Board, Tuition, Books, Fees)

College Honors and Awards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community/Campus Activities in Which You Have Been Involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief Summary of Your College Career to Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief Summary of Your Career Plans: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EDUCATOR'S RECOMMENDATION FORM**

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

School: \_\_\_\_\_

Address/Telephone: \_\_\_\_\_

How long and in what capacity have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state why you feel this applicant is qualified to receive this scholarship:

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\_\_\_\_\_

Name of person completing form \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Educators please return this form directly to:  
Dell Telephone Cooperative, Inc.  
Attn: Education Foundation  
P.O. Box 67  
Dell City, Texas 79837**

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**NON-EDUCATOR'S RECOMMENDATION FORM**

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

School: \_\_\_\_\_

Address/Telephone: \_\_\_\_\_

How long and in what capacity have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
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Please state why you feel this applicant is qualified to receive this scholarship:

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Name of person completing form \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form directly to:  
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Attn: Education Foundation  
P.O. Box 67  
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