



DIRECTORS: Doug Wenzlaff – John Mess – Rick Letto

WISCONSIN STATE TELECOMMUNICATIONS FOUNDATION, INC.

Scholarship Application – 2019

One-Time Award of \$1,500

OR

One-Time Award of \$750 or \$500

[Attending a Two-Year Technical College]

This page is to be given to the student applying for the scholarship along with the application form.

The following documents must accompany this application:

1. A photostat or certificate, verified by the proper authority stating the applicant's ACT/SAT test scores, Grade Point Average (GPA) and history, including courses taken and grades received from the first year of high school to date of application. (Transcript) *Please include on the transcript the courses that the student will be taking [credits to be earned] for the second semester of their senior year.*
2. A NEATLY TYPED statement by the applicant containing no more than 500 words answering these questions:
 - What is your primary goal in life?
 - Why did you choose that goal?
 - How do you expect to achieve that goal?
 - Where do you plan to be five years after college?
3. A letter of recommendation from a teacher, school counselor or administrator covering character, personality, scholarship and other relevant information concerning the applicant. (THIS LETTER IS TO BE ON HIGH SCHOOL LETTERHEAD.)
4. Senior year [wallet size] photograph. **(PLEASE DO NOT STAPLE PHOTO TO THE APPLICATION.)**

A brief informal student interview may be required by Citizens Connected in order to complete the Telco endorsement and Citizens Connected Letter of Recommendation to WSTF. We will contact the student to set up.

**STUDENTS PLEASE SUBMIT THE APPLICATION
WITH REQUIRED DOCUMENTS TO
SCHOOL GUIDANCE COUNSELOR BY FEBRUARY 5, 2019.**

NOTES: Applicants WILL NOT qualify for the WSTF scholarship if they qualify for the state of Wisconsin Academic Excellence Scholarship (AES). The AES is awarded to the student ranking first in his/her high school graduating class with a total school enrollment of between 80 and 499 students; first and second in a school with between 500 and 999 students; and so forth (one scholarship for every 500 students) in each high school in the state of Wisconsin. If a student is offered and refuses the AES, he/she will still automatically be eliminated as a WSTF scholarship applicant. WSTF will NOT consider these students. Please see first page of the application for details.

We have set up the Scholarship Application on our website to help students. If you would like to obtain access to this site, go to <http://www.citizens-tel.net/YouthOpportunities.html>.

Please complete the Application and include it with the rest of the information requested for the Application process and submit to school guidance counselor by February 5, 2019. Do not submit paperwork directly to WSTF as it will be processed as incomplete.

If you have any questions, please contact Anneleise Willmarth @ awillmarth@citizens-connected.com or call office at 715-237-2605.



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ALL FORMS ARE TO BE TYPED

2019

Applicant's Full Name

Last Name	First Name	Middle Initial

Home Phone Number (____) _____ Applicant Cell Number (____) _____

Applicant Email Address: _____

STREET ADDRESS

CITY	STATE	ZIP CODE

Total Number of Students Enrolled in High School (Grades 9-12) _____

Applicant's Grade Point Average (GPA) _____ ACT National Composite _____

Number of Students in Class _____ Applicant's Rank in Class _____

Do you believe you will be ranked #1 or #2 in your class after 1st Semester grades are in,
and receiving the Academic Excellence Scholarship? Yes _____ No _____

If no, and you (student) appear eligible by your rank in class, please explain (i.e. tied with rank in class-other student has higher ACT; therefore, I am not eligible for the Academic Excellence Scholarship.):

A. ACADEMIC INFORMATION

	NAME OF COLLEGE OR TECHNICAL COLLEGE	2 OR 4 YEAR
FIRST CHOICE		
SECOND CHOICE		

Desired course of study (or major). (You may indicate more than one, or answer "undecided.") _____

Have you been accepted at any school? _____

If so, please indicate which one(s): _____

Will you live on campus or will you live at home and commute? _____

Have you been awarded (or reasonably expect to receive) other grants or scholarships? Yes _____ No _____

If yes, please complete section below.

NAME OF SCHOLARSHIP/GRANT	AMOUNT YOU WILL RECEIVE

B. YOUR SCHOOLING

List in chronological order all schools attended in the last three years, including any summer or special courses.

NAME OF SCHOOL	LOCATION (CITY)	DATES OF ATTENDANCE

List any academic distinction or honors you have won and grade levels (9, 10, 11, 12).

ACADEMIC DISTINCTION OR HONOR	GRADE LEVEL (9, 10, 11, 12)

C. YOUR ACTIVITIES AND WORK EXPERIENCE – Note those activities in which you have been actively engaged and which you feel have been most meaningful to you.

ACTIVITY	# OF YEARS PARTICIPATING	GRADE LEVEL	ANY OFFICES HELD

List jobs (including summer employment) you have held in the past 3 or 4 years.

JOB OR KIND OF WORK	EMPLOYER	YEAR	DATES	# OF HOURS WORKED PER WEEK

You may use **additional sheets** if necessary.

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D. ESSAY

On a separate sheet of paper, type a statement of **NO MORE THAN 500 WORDS** answering these questions:

1. What is your primary goal in life?
2. Why did you choose that goal?
3. How do you expect to achieve that goal?
4. Where do you plan to be five years after college?

This essay must be brief and **NEATLY TYPED**.

E. TRANSCRIPT

A copy of your high school transcript, which includes your GPA, rank in class and either the ACT or SAT scores must be included with this application. If you cannot include your ACT or SAT scores, please explain why.

Please also fill in the following information regarding your ACT/SAT scores.

<u>SAT Score (National PERCENTILES):</u>	
READING/WRITING	
MATH	

OR

<u>ACT (National Scores)</u>	
ENGLISH	
MATH	
READING	
SCIENCE	
COMPOSITE	

F. EXPLANATION/SPECIAL CIRCUMSTANCES – Please use this space to explain any special circumstances. If more space is needed, attach an additional sheet of paper.

TEACHER, SCHOOL COUNSELOR OR ADMINISTRATOR VERIFICATION

I hereby certify that I have read the above application and verify that, to the best of my knowledge, the statements therein contained are true.

DATE _____	SIGNATURE OF TEACHER, SCHOOL COUNSELOR OR ADMINISTRATOR Do you have any comments or recommended changes in this application? _____ _____ _____
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