



# MINNESOTA TELECOM ALLIANCE

MINNESOTA TELECOM ALLIANCE FOUNDATION  
1000 Westgate Drive, Suite 252, St. Paul, MN 55114-8679  
Telephone: (651) 291-7311 Fax: (651) 290-2266  
[www.mnta.org](http://www.mnta.org)

## DIRECTORS:

Kevin Beyer, Mary Ehmke, Shelly Geerdes, Steve Katka  
Tom Kohlbry, Jean Pauk, Cheryl Scapanski, Dave Wolf

## MINNESOTA TELECOM ALLIANCE FOUNDATION 2017 SCHOLARSHIP APPLICATION

Award amount: \$2,000.00

### REQUIRED ITEMS NEEDED FOR THE SCHOLARSHIP APPLICATION

YOUR APPLICATION WILL NOT BE CONSIDERED IF IT IS INCOMPLETE.

The following documents must accompany this application:

1) A copy or certificate, verified by an appropriate school official, stating the applicant's ACT/SAT test scores, Grade Point Average (GPA) and high school transcript, including courses taken and grades received, from the first year of high school to date of application.

2) A written essay 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?

3) Two appraisal forms, one from a school counselor, advisor or administrator and the other from a teacher of the applicant's choosing. The appraisal addresses character, personality, skills and other relevant information concerning the applicant.

4) ALL APPLICANTS MUST BE MINNESOTA RESIDENTS AND RECEIVE AT LEAST ONE SERVICE FROM A TELEPHONE COMPANY THAT IS A MEMBER OF THE MINNESOTA TELECOM ALLIANCE.

Once completed, this application must be printed and submitted to your local telephone company manager by February 24, 2017.

If you are a TDS customer, please send your application to:

Jean Pauk  
TDS  
525 Junction Road  
Madison, WI 53717

Once you have completed and printed the form, include it with the rest of the information requested for the application process.

If you are selected to receive this scholarship, it will be paid to you at the end of the 2017-2018 school year after showing the Minnesota Telecom Alliance Foundation that you have successfully completed your academic work.



2017 SCHOLARSHIP APPLICATION  
(All forms are to be neatly printed or typed.)

Personal Information

Mr. Ms. Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Parent/Guardian Information

Name \_\_\_\_\_

Permanent Mailing Address (if different from applicant)  
\_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Education

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

Name of School	Location (City)	Date of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of College/Technical College to Attend (1st Choice) \_\_\_\_\_

Name of College/Technical College to Attend (2nd Choice) \_\_\_\_\_

Desired Course of Study or Major (You may indicate more than one, or answer "undecided")  
\_\_\_\_\_

Have you been accepted at any school? Yes No

If so, which one(s)? \_\_\_\_\_

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

If so, please complete section below:

Name of Award / Grant or Scholarship?	Amount	Granted	Pending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Activities and Work Experience

List any academic distinction or honors you have won in high school (grades 9-12) and grade level in which it was achieved.

Academic Distinction or Honor	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List school and community activities in which you have been actively engaged in the last four years and which you feel have been most meaningful to you. (Activity, number of years, grade level participated, class offices held)

List jobs (including summer employment) you have held in the past four years. (Job or type of work, employer, year, number of hours worked weekly and how long you worked there. You may use additional sheets if necessary.)

## 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?

## Explanation/Special Circumstances

Please use this space to explain any special circumstances. (Ex: illness, disabilities, major tragedies or family issues).

## Application Checklist and Signature

This application for student aid becomes complete and valid only when you have returned the following materials.

Application

Current Transcript of Grades

Applicant Appraisal (2)

Essay

All Required Signatures

Application Deadline

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## CHECK LIST FOR MTA FOUNDATION SCHOLARSHIP APPLICATION

Are all of the following complete?

Student's Personal Information

Student's Choice of School

Student's Desired Course of Study

Essay of no more than 500 words

Number of Students in Class and the Student's Rank in Class

Grade Point Average (GPA)

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

Copy of ACT or SAT test scores

Student's Transcripts, Properly Verified

Two Appraisals Completed by Administrator/Advisor/Counselor/Teacher

Teacher, School Counselor or Administrator Signatures

Applicant's Signature

Local Telephone Company Manager's Verification



MINNESOTA TELECOM ALLIANCE FOUNDATION SCHOLARSHIP APPLICATION

Required Applicant Appraisal

Name of Student \_\_\_\_\_

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR, ADVISOR, INSTRUCTOR, OR SUPERVISOR.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a post secondary education program is
extremely appropriate, very appropriate, moderately appropriate, inappropriate

The applicant's achievements reflect his or her ability
extremely well, very well, moderately well, not well

The applicant is able to seek, find, and use learning resources

The applicant demonstrates curiosity and initiative

The applicant demonstrates good problem-solving skills, follows through, and completes tasks

The applicant's ability to set realistic and attainable goals is
excellent, good, fair, poor

The applicant's commitment to school and community is

The applicant's respect for self and others is

Comments

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Appraiser's School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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



MINNESOTA TELECOM ALLIANCE FOUNDATION  
SCHOLARSHIP APPLICATION

**Academic Information and Transcript**

High school seniors and students who have completed less than one full semester of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_.

Total number of students in grades 9-12: \_\_\_\_\_

Cumulative grade point average \_\_\_\_\_ / 4.0 scale

SAT	ACT
Verbal: _____	Standard English: _____
Math: _____	Math: _____
	Reading: _____
	Science: _____
	Composite: _____

For college-bound seniors, national percentile only.

School Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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



MTA FOUNDATION SCHOLARSHIP APPLICATION VERIFICATION

\*TO BE COMPLETED BY LOCAL TELCO MANAGER  
AND SUBMITTED TO THE FOUNDATION BY March 17, 2017\*

Each application submitted to the MTA Foundation must include this endorsement.

(DO NOT GIVE THIS FORM TO THE HIGH SCHOOL.)

Applicant's Name \_\_\_\_\_

Review application and answer the following questions:

I have reviewed this application and find it to be complete.      Yes      No (If no, please comment)

The applicant lives in a household that subscribes to at least one service from my company.      Yes      No (If no, please comment)

Additional comments about this applicant:

I hereby verify that the above application has been reviewed by me for completeness and is being submitted to the Minnesota Telecom Alliance Foundation for consideration to be awarded a scholarship for the 2016-2017 school year.

Name \_\_\_\_\_ Telephone Company \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

All information on this form will be kept in strict confidence.

The recipient of the MTA scholarship will receive an award of \$2,000.00. The scholarship will be paid at the end of the 2017-2018 school year upon showing successful completion of academic work.