



Craw-Kan Telephone Cooperative Scholarship Application

Applicant Information:

Last Name	Middle Name	First Name
Mailing Address		City/State/Zip
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Phone Number	Birth Date: Month/Day/Year	Email address
High School	Cumulative High School GPA	ACT/SAT Score

Cooperative Member (Parent/Guardian) Information:

Last Name	Middle Name	First Name
Mailing Address		City/State/Zip
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Craw-Kan Telephone Number		

Non-Relative References:

Reference Name	() Phone Number
Reference Name	() Phone Number
Reference Name	() Phone Number

Applicant Signature	Date
Cooperative Member Signature	Date

