

**MIAMI R-1 CRAW-KAN TELEPHONE
COOPERATIVE SCHOLARSHIP**

Craw-Kan wishes to extend the offer of a \$500 scholarship to a Miami high school senior.

QUALIFICATIONS

1. Be enrolled in a Craw-Kan Telephone Cooperative served high school. You DO NOT have to be a Craw-Kan customer.
2. Be a **2024** Miami High School graduating senior.
3. Attending full time an accredited post secondary school, college, or university of their choice within the United States for the fall **2024** semester.

NECESSARY DOCUMENTS

1. Complete Scholarship Application Form
2. A letter of recommendation

DEADLINE AND SUBMISSION

All required documents including letter of recommendation must be received by Mrs. Johnson no later than **April 16, 2024**.



Miami R-1 Craw-Kan Telephone Cooperative Scholarship Application

Applicant Information:

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

(Parent/Guardian) Information:

| | | |
|------------------------|--------------------|-----------------------|
| _____ | | _____ |
| Last Name | Middle Name | First Name |
| _____ | | _____ |
| Mailing Address | | City/State/Zip |

(Parent/Guardian) Information:

| | | |
|------------------------|--------------------|-----------------------|
| _____ | | _____ |
| Last Name | Middle Name | First Name |
| _____ | | _____ |
| Mailing Address | | City/State/Zip |

| | |
|--|-------------------|
| Applicant Signature _____ | Date _____ |
| Parent/Guardian Signature _____ | Date _____ |



Listing of Activities/Sports/Volunteer Work/Civic Groups in which the applicant actively participated.

Future: (Give a brief description of your academic goals (ie. college major as well as career aspirations.)

Remember to attach a letter of recommendation

Your Community Technology Partner