

A large, stylized background graphic featuring a glowing lightbulb at the top, surrounded by various educational icons such as a jet airplane, a microscope, a globe, a clock, a calculator, a lightbulb, and mathematical symbols like plus, minus, multiply, and divide. The background is a gradient of blue and white with star patterns.

TSTCI Foundation EDUCATIONAL SCHOLARSHIP

 **TSTCI** Texas Statewide
Telephone
Cooperative, Inc.

TSTCI Foundation Educational Scholarship

SCHOLARSHIP APPLICATION FORM

Student Name: _____

Qualifying Family Member: _____

Qualifying Family Member Company Employer: _____

Parent/Guardian: _____ Occupation: _____

Parent/Guardian: _____ Occupation: _____

Number of dependent children in family (including applicant): _____

(Dependent is a child eligible to be reported on a parent/guardian Federal Tax Return.)

Number of dependent children included above who are currently in college? _____

Which junior college, college, university, technical or vocational school do you plan to attend?

First Choice: _____

Second Choice: _____

Third Choice: _____

Field or vocation you plan to study: _____

Have you applied for admission? _____

Estimated college expenses for one (1) year: _____

Have you received any other scholarship(s)? _____ If so, how much? _____

Grant(s)? _____ How much? _____ Student Loan(s)? _____ How much? _____

High school(s) attended: _____

Work Experience

Employer Name	Type of Work	Length of Service
---------------	--------------	-------------------

_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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TSTCI Foundation Educational Scholarship

List academic honors received in high school: _____

School related clubs, activities, achievements: _____

Community clubs, activities, achievements: _____

What are your favorite hobbies or recreational activities? _____

TSTCI FOUNDATION SCHOLARSHIP CONTACT INFORMATION SHEET

Student Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Parent/Guardian: _____

Address (if different from above): _____

Phone: _____

Parent/Guardian: _____

Address (if different from above): _____

Phone: _____

Comments (optional):

All applications must be received or postmarked by March 31, 2022.
This form must be submitted with scholarship application.

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SCHOOL CERTIFICATION

**The following information must be provided by a school official.
Failure to provide this information will disqualify this application.**

Student Name: _____

Cumulative GPA (9th through 12th grades) _____ on scale of _____.

Class Ranking _____ in a class of _____ students.

ACT Score _____ SAT Score _____

Dual/College Credit Hours: Currently Enrolled _____ Completed _____

Signature of School Official Certifying Grades, Scores & Standing

Printed Name and Title

Date Completed by Official

A sealed copy of current high school transcript MUST be attached.

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In approximately 100 words, provide the following information:
(use additional paper as needed)

"My Future Plans and How This Scholarship Will Aid Me"

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INSTRUCTIONS AND AFFIRMATION

In applying for this scholarship, I am aware that I must maintain above average grades (at least 3.0 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 Administrators of TSTCI Foundation, Inc. Education Scholarship Fund and those they designate to assist them in selecting scholarship recipients.

Except where prohibited, acceptance of the scholarship award constitutes your consent for Administrators of TSTCI Foundation, Inc. Education Scholarship Fund and its designees to use your name, image, likeness, scholarship information, city and state of residence for editorial, advertising, marketing, publicity, and administrative purposes in any media without further compensation. By acceptance of the awarded scholarship, you further consent to our use of any photographs, audio recording or video footage of you in advertising, marketing and promotional materials. You agree to release and hold harmless the Released Parties for any liability, claims and causes of action based on defamation or violation of rights of publicity or privacy.

I have read the instructions and policy statement and agree to complete this application according to these instructions and policy. I understand this application is completed by the student applicant I understand and agree to use only an original document application package provided by Texas State Cooperative, Inc., and that copies are not acceptable. I understand the Review Committee considers the totality of the application, including but not limited to, neatness, grammar, well thought out responses, and general appearance of the ability to follow instructions. Only completed applications will be accepted. Complete scholarship application and accompanying materials should be mailed to: TSTCI 3112 Windsor Road #338 Austin, TX 78703. Applications must be received or postmarked by March 31, 2022.

Signature of Applicant

Printed Name

Date

Signature of Parent/Guardian
Qualified Employee of TSTCI Member Co.

Printed Name

Date

Signature of TSTCI Member Company
Executive

Printed Name

Date

APPLICATION WILL BE DISQUALIFIED IF THIS PAGE IS INCOMPLETE

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INSTRUCTIONS FOR RECOMMENDATION FORM

1. STUDENTS must have TWO letters of recommendation.
2. STUDENTS must sign recommendation letter where indicated prior to completion.
3. The letter of recommendation must be completed on the attached form and placed in the ENVELOPE that is provided and SEALED. Please sign page two, and provide any additional comments on page two. Please return this sealed envelope to the student.
4. STUDENTS: Recommendations must be received SEALED along with your completed application.

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LETTER OF RECOMMENDATION #1

NAME OF APPLICANT: _____

I know the applicant listed above in the following manner: _____

PLEASE CHECK THE APPROPRIATE BOX FOR THE APPLICANT:

	Average	Below Average	Above Average	Exceptional	No Personal Knowledge
Initiative/Motivation					
Intellectual Curiosity					
Oral Communication					
Creativity					
Energy					
Self-Confidence					
Leadership/Influence					
Responsibility					
Integrity					
Concern for Others					
Warmth of personality					
Sense of Humor					
Emotional Maturity					
Reaction to Setbacks					
Respect by Faculty					
Respect by Peers					

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PERSONAL COMMENTS

Contact information for person completing letter of recommendation:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Signature

Date

Applicant Acknowledgement

(This section must be signed and dated prior to giving form to individual for recommendation.)

"In accordance with the Family Educational Rights and Privacy Act of 1974, I waive my right to review this recommendation by signing my name below. This recommendation will be held in confidence by Administrators of the TSTCI Foundation, Inc. Scholarship Fund for use in scholarship selection only."

Applicant's Signature

Date

TSTCI Foundation Educational Scholarship

LETTER OF RECOMMENDATION #2

NAME OF APPLICANT: _____

I know the applicant listed above in the following manner: _____

PLEASE CHECK THE APPROPRIATE BOX FOR THE APPLICANT:

	Average	Below Average	Above Average	Exceptional	No Personal Knowledge
Initiative/Motivation					
Intellectual Curiosity					
Oral Communication					
Creativity					
Energy					
Self-Confidence					
Leadership/Influence					
Responsibility					
Integrity					
Concern for Others					
Warmth of personality					
Sense of Humor					
Emotional Maturity					
Reaction to Setbacks					
Respect by Faculty					
Respect by Peers					

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PERSONAL COMMENTS

Contact information for person completing letter of recommendation:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Signature

Date

Applicant Acknowledgement

(This section must be signed and dated prior to giving form to individual for recommendation.)

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