

College Scholarship Program 2021 High School Graduates

West Central Wireless P.O. Box 991 San Angelo, Texas 76902

(325) 944-9016 <u>scholarships@westcentral.com</u>



West Central Wireless offers a college scholarship program to assist graduating high school seniors who desire to further their education. Applications may be requested beginning January 31st of each year.

Amount and Disbursement of Scholarships

A scholarship of \$2,000.00 each will be awarded to four qualifying students in the West Central coverage area. The full amount of the scholarship will be paid directly to the post-secondary educational institution upon proof of enrollment for a minimum of 12 hours, or full-time status. Verification of proof of enrollment must be provided by July 1st for the current year Fall Semester in order to be processed and received by the school prior to the beginning of the Fall semester.

Type and Location of School

The \$2,000.00 scholarship can be used for any educational institution of higher learning. This will include any junior college, college, university, technical, trade or vocational school.

Qualification Criteria

The recipient must be a high school senior who is a West Central customer, or the dependent of an active West Central customer. A customer is defined as a subscriber in good standing, who is receiving mobile wireless or internet service within the West Central 24 county coverage area as of January 1, 2021. Dependents of Employees or Directors of West Central are not eligible to apply.

Scholarship Application

Completed scholarship applications must be submitted to West Central Wireless, Attn: Scholarship Committee, P.O. Box 991, San Angelo, TX, 76902 or <u>scholarships@westcentral.com</u> on or before March 31, 2021. Scholarship applications are available for pick up at all West Central Wireless locations. Applications are also available for download on our web site at westcentral.com.

Scholarship Announcements

Scholarship recipients will be announced at the High School Awards Ceremony, Graduation Ceremony, or other event as determined by the local school district of the selected recipients.

Statement of Nondiscrimination

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <u>https://www.ascr.usda.gov/complaint filing cust.html</u> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202)690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.



SCHOLARSHIP APPLICATION REQUIREMENTS

- ✓ The recipient must be a high school senior who is a West Central customer, or the dependent of an active West Central customer. A customer is defined as a subscriber in good standing, who is receiving mobile wireless or internet service within the West Central 24 county coverage area as of January 1, 2021.
- ✓ Within 12 months of the award date, recipient must use scholarship funds to attend an accredited junior college, college, university, technical, trade or vocational school on a <u>full-time basis</u>, or a minimum of 12 hours.
- ✓ Applicant must have a seven semester cumulative grade point average of 2.5 or equivalent on a 4.0 scale for the 9th -12th grade.
- ✓ Applicant must submit a
 - o Completed Application and Certification
 - Official High School Transcript and College Transcript, if applicable
 - School Certification
 - o 400-600 Word Essay
 - Educator's Recommendation
 - Letter of Recommendation (from a non-educator)
- ✓ Please note: Recommendation Letter from Educator, Recommendation Letter from Non-Educator, and School Certification <u>must be mailed or e-mailed directly</u> to West Central Wireless.
- ✓ Essay Requirements: In a 400-600 word essay, describe "Why West Central Wireless Should Invest In My Education".
- ✓ Incomplete or late applications will not be considered.



Application

Instructions:

- 1. Please print or type
- 2. Include all requested attachments
- 3. Deadline: Application must be received on or before March 31, 2021

Applicant Information:

| Name: | Address: |
|---|--|
| City/State/Zip: | |
| Home Telephone #: | Cell #: |
| Email Address: | Last 4 digits of Social Security #: |
| Name of Father: | Cell #: |
| Name of Mother: | Cell #: |
| Name and Account Number under which service with Wes | st Central is billed: |
| High School: | |
| High School Telephone #: | |
| ACT Score *: | SAT Score * |
| How many years have you attended at your current school | district? |
| Do you have existing college credit? If so how many cred | it hours: |
| College or University You Plan to Attend After Graduation | n: |
| College Admissions Office Telephone #: | |
| Have you applied for admission? | |
| Field or Vocation you Plan to Study: | |
| Estimated College Expenses for 1 Year:(Room | m, Board, Tuition, Books, Fees) |
| Number of Dependent Children in Family (including applied | cant): |
| How many other family members are currently in college? | |
| Have you received any other scholarships? | If so, please provide information and amounts of each: |
| | |

*We understand ACT/SAT scores may not be available due to the on-going COVID-19 pandemic.



Application (continued)

School Related Clubs, Activities, Honors, Awards & Achievements:_____

Community Related Clubs, Activities, Honors, Awards & Achievements:_____

What are your favorite hobbies or recreational activities?_____

Work Experience: (Name of Employer, Type of Work and Length of Service)

Brief Summary of Your College Plans:

Brief Summary of Your Career Plans:



Application (continued)

Any other information you feel is important and wish to share for purposes of this scholarship application:

Please ensure that the following attachments are submitted with this application:

- 1. Official High School Transcript
- 2. College Transcript, if applicable
- 3. 400-600 Word Essay (approximately 1 to 1 ¹/₂ pages typed, single-spaced, 12-point font)

Applicant Certification:

I hereby certify that the information on this application is complete and correct to the best of my knowledge. I hereby grant permission to West Central Wireless to contact my references or school, if necessary, and to use my name and photo in promotional materials in the event that I am selected to receive a scholarship. I further agree to provide West Central Wireless a recent color school photograph (headshot only, no sports photos) for use in promotional materials.

In applying for this scholarship, I am aware that I must maintain a cumulative grade point average of 2.5 on a 4.0 scale, and demonstrate high standards of citizenship and character. If I do not meet the terms of the scholarship, or do not utilize it within 12 months of the award date, I understand that I forfeit this award.

I agree to permit the review of this application and my school records by the West Central Wireless Scholarship Committee. I understand all decisions made by the committee are final.

Signature of Applicant

Date

Signature of Parent

Date

Please return this form directly to:

West Central Wireless Attn: Scholarship Committee P.O. Box 991 San Angelo, Texas 76902 <u>scholarships@westcentral.com</u>



EDUCATOR'S RECOMMENDATION FORM

| Name of Applicant: | Last 4 digits of Social Security #: | |
|--------------------|---|--|
| | | |

School: _____

How long and in what capacity have you known the applicant?

Please state why you feel the applicant is qualified to receive this scholarship. Explain how you feel the applicant will be committed to his/her college education, i.e., determination, maturity, responsibility, etc. (Attach additional sheets if necessary)

| Printed Name | Title: | |
|--------------|--------|--|
| - | | |

Signature: _____ Date: _____

Please return this form <u>directly</u> to:

West Central Wireless **Attn: Scholarship Committee** P.O. Box 991 San Angelo, Texas 76902 scholarships@westcentral.com



SCHOOL CERTIFICATION

School District Administrative office must provide the following information. Failure to provide this information will disqualify the application.

| Applicant Name: | | |
|--|---|--------------------|
| Last 4 digits of Social Security #: | | |
| Cumulated GPA (9 th -12 th grades/7 semesters) | se convert to 4.0 scale if using a diff | _ on scale of 4.0. |
| Class Ranking: # | in a class of | students. |
| ACT Score *: | | |
| SAT Score *: | | |
| *We understand ACT/SAT score may not be available due to the or | n-going COVID-19 pandemic. | |
| School Official Certifying: | | |
| Printed Name | Title: | |
| Signature: | Date: | |

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NON-EDUCATOR'S RECOMMENDATON FORM

(This can be a community member, leader of civic organization, church leader, etc.)

| Name of Applicant: | Last 4 digits of Social Security #: |
|--------------------|-------------------------------------|
| School | |

How long and in what capacity have you know the applicant?

Please state why you feel the applicant is qualified to receive this scholarship. Explain how you feel the applicant will be committed to his/her college education, i.e., determination, maturity, responsibility, etc. (Attach additional sheets, if necessary).

| Printed Name | Title: | |
|---|--------|--|
| Signature: | Date: | |
| Please return this form <u>directly</u> to: | | |
| West Central Wireless | | |

Attn: Scholarship Committee P.O. Box 991 San Angelo, Texas 76902 scholarships@westcentral.com