College Scholarship Program
2022
High School Graduates

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

(325) 944-9016
scholarships@westcentral.com
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, 2022. 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 scholarships@westcentral.com on or before April 15, 2022. 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 https://www.ascr.usda.gov/complaint filling cust.html 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, 2022.

✓ 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 full-time basis, 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
  o Official High School Transcript and College Transcript, if applicable
  o School Certification
  o 400-600 Word Essay
  o Educator’s Recommendation
  o Letter of Recommendation (from a non-educator)

✓ Please note: Recommendation Letter from Educator, Recommendation Letter from Non-Educator, and School Certification must be mailed or e-mailed directly 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.
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Application

Instructions:
1. Please print or type
2. Include all requested attachments
3. Deadline: Application must be received on or before April 15, 2022

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 West 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 credit hours: _____________________________________

College or University You Plan to Attend After Graduation: ____________________________________________

College Admissions Office Telephone #:_____________________________________________________________

Have you applied for admission? ______________________________________________________________________

Field or Vocation you Plan to Study: ________________________________________________________________

Estimated College Expenses for 1 Year: _______________________________________________________________

(Room, Board, Tuition, Books, Fees)

Number of Dependent Children in Family (including applicant): _________________________________________

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.
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: ______________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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 ½ 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 _____________
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 directly to:

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

SCHOLARSHIP APPLICATION DEADLINE IS APRIL 15, 2022!!
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2022

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 (9th-12th grades/7 semesters) ________________________ on scale of 4.0.  
(Please convert to 4.0 scale if using a different scale)

Class Ranking: #_____________________________ in a class of _________________students.

ACT Score *:________________________________

SAT Score *:________________________________

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

School Official Certifying:

Printed Name ___________________________ Title: ________________________________

Signature: ___________________________ Date: ________________________________

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NON-EDUCATOR’S RECOMMENDATION 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 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: ________________________________

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