

WISCONSIN STATE TELECOMMUNICATIONS FOUNDATION, INC.

**WSTF**

122 W Washington Ave., Suite 1050, Madison, WI 53703  
(608) 256-8866

AID TO EDUCATION  
DOLLARS  
*An Investment in the Future*



DIRECTORS: Doug Wenzlaff – Rick Letto – Scott Nyman

WISCONSIN STATE TELECOMMUNICATIONS FOUNDATION, INC.

**Scholarship Application – 2021**

**One-Time Award of \$1,500**

OR

**One-Time Award of \$750**

[Attending a Two-Year Technical College]

*This page is to be given to the student applying for the scholarship along with the application form.*

The following documents must accompany this application: (Incomplete applications will not be considered.)

1. A photostat or certificate, verified by the proper authority stating the applicant's **ACT/SAT test scores**, Grade Point Average (GPA) and history, including courses taken and grades received from the first year of high school to date of application. (**Transcript**) *Please include on the transcript the courses that the student will be taking [credits to be earned] for the second semester of their senior year.*
2. A **NEATLY TYPED statement** by the applicant containing no more than 500 words answering these questions:
  - What is your primary goal in life?
  - Why did you choose that goal?
  - How do you expect to achieve that goal?
  - Where do you plan to be five years after college?
3. A **letter of recommendation** from a teacher, school counselor or administrator covering character, personality, scholarship and other relevant information concerning the applicant. (**THIS LETTER IS TO BE ON HIGH SCHOOL LETTERHEAD.**)
4. Senior year [wallet size] photograph. (PLEASE DO NOT STAPLE PHOTO TO THE APPLICATION.)

**ALL FORMS ARE TO BE NEATLY TYPED [see below]**

This application must be submitted [post-marked] to the local Telephone Company Manager in your area by **February 11, 2021**. This allows the high school counselor and student more than two months to complete the application.

**FRONTIER Applicants ONLY**, please submit to Chris Nachreiner, WSTF, 122 W Washington Ave, Suite 1050, Madison, WI 53703.

**TDS TELECOM Applicants ONLY**, please submit to Jean Pauk, TDS TELECOM, 525 Junction Road, Madison, WI 53717-2152.

*We have set up the Scholarship Application on our website to help students. If you would like to obtain access to this site, go to <https://www.wsta.info/page/FoundationApp> and scroll down and click on the **ONLINE Scholarship Application 2021**. Please complete the Application (pdf format) and print. Once you have completed and printed the form, include it with the rest of the information requested for the Application process and **submit to your local telephone company in your area**. If you have any questions, please contact Chris Nachreiner or Sue Edington at the Foundation office at 608.256.8866, Extension 2454 [Chris], 2456 [Sue] OR email [cnachreiner@wsta.info](mailto:cnachreiner@wsta.info) / [sedington@wsta.info](mailto:sedington@wsta.info).*

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Type this form **OR** go to <https://www.wsta.info/page/FoundationApp> and complete online print, and send to your local telephone manager with the rest of the information requested.

**ALL FORMS ARE TO BE TYPED**

**2021**

Applicant's Full Name

Last Name	First Name	Middle Initial

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Applicant Cell Number (\_\_\_\_) \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

STREET ADDRESS	

CITY	STATE	ZIP CODE

Total Number of Students Enrolled in High School (Grades 9-12) \_\_\_\_\_

Applicant's Grade Point Average (GPA) \_\_\_\_\_ ACT National Composite \_\_\_\_\_

Number of Students in Class \_\_\_\_\_ Applicant's Rank in Class \_\_\_\_\_

**A. ACADEMIC INFORMATION**

	NAME OF COLLEGE OR TECHNICAL COLLEGE	2 OR 4 YEAR
FIRST CHOICE		
SECOND CHOICE		

Desired course of study (or major). (You may indicate more than one, or answer "undecided.") \_\_\_\_\_

Have you been accepted at any school? \_\_\_\_\_

If so, please indicate which one(s): \_\_\_\_\_

Will you live on campus or will you live at home and commute? \_\_\_\_\_

Have you been awarded (or reasonably expect to receive) other grants or scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete section below.

NAME OF SCHOLARSHIP/GRANT	AMOUNT YOU WILL RECEIVE

**B. YOUR SCHOOLING**

List in chronological order all schools attended in the last three years, including any summer or special courses.

NAME OF SCHOOL	LOCATION (CITY)	DATES OF ATTENDANCE

List any academic distinction or honors you have won and grade levels (9, 10, 11, 12).

ACADEMIC DISTINCTION OR HONOR	GRADE LEVEL (9, 10, 11, 12)

**C. YOUR ACTIVITIES AND WORK EXPERIENCE** – Note those activities in which you have been actively engaged and which you feel have been most meaningful to you.

ACTIVITY	# OF YEARS PARTICIPATING	GRADE LEVEL	ANY OFFICES HELD

List jobs (including summer employment) you have held in the past 3 or 4 years.

JOB OR KIND OF WORK	EMPLOYER	YEAR	DATES	# OF HOURS WORKED PER WEEK

You may **use additional sheets** if necessary.

**D. ESSAY**

On a separate sheet of paper, type a statement of **NO MORE THAN 500 WORDS** answering these questions:

1. What is your primary goal in life?
2. Why did you choose that goal?
3. How do you expect to achieve that goal?
4. Where do you plan to be five years after college?

This essay must be brief and **NEATLY TYPED**.

**E. TRANSCRIPT**

<p><b>A copy of your high school transcript, which includes your GPA, rank in class and either the ACT or SAT scores must be included with this application.</b> If you cannot include your ACT or SAT scores, please explain why.</p>

Please also fill in the following information regarding your ACT/SAT scores.

<b>SAT Score (National PERCENTILES):</b>	
<b>READING/WRITING</b>	
<b>MATH</b>	

**OR**

<b>ACT (National Scores)</b>	
<b>ENGLISH</b>	
<b>MATH</b>	
<b>READING</b>	
<b>SCIENCE</b>	
<b>COMPOSITE</b>	

<p><b>F. EXPLANATION/SPECIAL CIRCUMSTANCES</b> – Please use this space to explain any special circumstances. If more space is needed, attach an additional sheet of paper.</p>

**TEACHER, SCHOOL COUNSELOR OR ADMINISTRATOR VERIFICATION**

I hereby certify that I have read the above application and verify that, to the best of my knowledge, the statements therein contained are true.

<p><b>DATE</b></p> <p>_____</p>	<p><b>SIGNATURE OF TEACHER, SCHOOL COUNSELOR OR ADMINISTRATOR</b></p> <p>Do you have any comments or recommended changes in this application?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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