## ITC Telecom and Dean E. Anderson Scholarship Application Form

Applicant Name		Class Rank/
Current cumulative GPA on a scale of	ACT or SAT Score	Dual Credits
Parent/Guardian Name		ITC Account #
Mailing Address		Phone
Name & Address of High School		
High School Offices/Activities		
9 <sup>th</sup> Grade		
10 <sup>th</sup> Grade		
11 <sup>th</sup> Grade		
12 <sup>th</sup> Grade		
Honors/Awards		
	x = = = = = = = = = = = = = = = = = = =	
Community Service/Community Involvement		
Employment History (Last two years)		
Post-Secondary College/University/Tech School you pla	an to attend	

Phone: 1-800-417-8667 Fax: 605-874-2014 E-mail: info@itctel.com Web: www.itc-web.com

Major (if known)	
Financing How do you plan to finance your education?	
Other Information (Please state other information that you	u may feel valuable in assessing your application.)
*PLEASE LIMIT THE ENTIRE APPL	ICATION TO A TOTAL OF 5 PAGES. THANK YOU.
I declare and affirm this application has been of true and correct.	ompleted in good faith and is, to the best of my knowledge,
Applicant Signature	Date:
Parent/Guardian Signature	Date:
HS Official Signature	Date:
GRANT OF PERMISS	SION TO PUBLISH AND RELEASE
publish and use one or more photographs of th produced and distributed by ITC. Further, the	ecommunications Cooperative, Inc. (ITC) permission to e undersigned in any and all forms of advertising that may be undersigned releases such photograph(s) for use by ITC syment to or provides the undersigned with any other
Applicant Signature	Date:

Phone: 1-800-417-8667 Fax: 605-874-2014 E-mail: info@itctel.com Web: www.itc-web.com