

TO: High School Counselors

FROM: The Tri-County Telephone Association, Inc.

RE: 2010 Scholarship Program

The Board of Directors of the Tri-County Telephone Association, Inc. announces the seventh annual scholarship program for senior students whose parents or legal guardians are members of the Association.

Students must completely fill out the attached application, including signatures from the school counselor and principal, and return it to The Tri County Telephone Association, Inc. business office by March 1, 2010.

Winners will be selected in a random drawing.

For your information, students are eligible if their parents' phone number begins with one of the following prefixes in the 785 area code: 257, 349, 366, 466, 479, 482, 497, 598, 949, 965, and 983. In the 620 area code, phone numbers must begin with the prefixes of 924, 767 or 787. Cellular phone numbers are excluded.

Students must also have a GPA of 2.5 or higher and be planning to attend a four- year college, university, junior college, or trade school in the fall of 2010.

We would appreciate your distribution of applications to appropriate students, and assistance to them in correctly completing the forms and returning them to our business office.

Completed applications are to be returned by March 1, 2010 to:

Attn: General Manager  
The Tri-County Telephone Association, Inc.  
P.O. Box 299  
Council Grove, KS 66846-0299

**THE TRI-COUNTY TELEPHONE ASSOCIATION, INC. SCHOLARSHIP PROGRAM  
THE TRI-COUNTY TELEPHONE ASSOCIATION, INC.  
P.O. BOX 299  
COUNCIL GROVE, KS 66846**

**APPLICATION**

**STUDENT'S NAME** \_\_\_\_\_

**HIGH SCHOOL** \_\_\_\_\_

**UNIVERSITY OR VOCATIONAL INSTITUTE YOU PLAN TO ATTEND**  
\_\_\_\_\_

**NAME OF PARENT OR LEGAL GUARDIAN\*** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**STUDENT'S CUMULATIVE GPA** \_\_\_\_\_

**SCHOOL COUNSELOR'S SIGNATURE** \_\_\_\_\_

**SCHOOL PRINCIPAL'S SIGNATURE** \_\_\_\_\_

**STUDENT'S SIGNATURE** \_\_\_\_\_

**PARENT OR GUARDIAN'S SIGNATURE** \_\_\_\_\_

**\*Must be a Tri-County Telephone Association, Inc. subscriber**

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**(FOR OFFICE USE ONLY: TELEPHONE DISTRICT NUMBER \_\_\_\_\_)**