



# Logan Telephone Cooperative Educational Scholarship Application



All information provided will be kept strictly confidential.

Home Telephone Number \_\_\_\_\_  
 High School \_\_\_\_\_  
 County of Residence \_\_\_\_\_  
 College Student ID Number \_\_\_\_\_

**(Please Print)**

**Applicant Information**

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Address or P.O. Box City State Zip Code

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_  
Month/Day/Year

**Family Information**

Father's Name \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Annual Income \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Annual Income \_\_\_\_\_

Please list children in family, including yourself:

First Name	Age	What Year in School?	Living at Home?

Please list other sources of family income and the amounts: \_\_\_\_\_  
 \_\_\_\_\_

Are there any special financial circumstances for which you would like us to consider? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list other college scholarships you have received and the amounts (please indicate if amounts are per year or per semester):  
 \_\_\_\_\_

