



**MINNESOTA  
TELECOM  
ALLIANCE**

**MINNESOTA TELECOM ALLIANCE FOUNDATION**

104 West Main Street | Madelia, MN 56062  
Telephone: (651) 291-7311 Fax: (651) 290-2266  
[www.mnta.org](http://www.mnta.org)

**DIRECTORS:**

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**MINNESOTA TELECOM ALLIANCE FOUNDATION  
2021 SCHOLARSHIP APPLICATION**

**Award amount: \$2,000**

**REQUIRED ITEMS NEEDED FOR THE SCHOLARSHIP APPLICATION**

***YOUR APPLICATION WILL NOT BE CONSIDERED IF IT IS INCOMPLETE.***

The following documents must accompany this application:

- 1) A copy or certificate, verified by an appropriate school official, stating the applicant's ACT/SAT test scores, Grade Point Average (GPA) and high school transcript, including courses taken and grades received, from the first year of high school to date of application.
- 2) A written essay 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?
- 3) Two appraisal forms, one from a school counselor, advisor or administrator and the other from a teacher of the applicant's choosing. The appraisal addresses character, personality, skills and other relevant information concerning the applicant.
- 4) ALL APPLICANTS MUST BE MINNESOTA RESIDENTS AND APPLICANTS APPLYING FOR A \$2,000 GENERAL SCHOLARSHIP SHALL RECEIVE AT LEAST ONE SERVICE FROM A TELEPHONE COMPANY THAT IS A MEMBER OF THE MINNESOTA TELECOM ALLIANCE.

**Once completed, this application must be printed and submitted to GFW High School Office by **February 19, 2021**.**

If you are a TDS customer, please send your application to:

Jean Pauk  
TDS  
525 Junction Road  
Madison, WI 53717

**Once you have completed and printed the form, include it with the rest of the information requested for the application process.**

If you are selected to receive this scholarship, it will be paid to you at the end of the 2021-2022 school year after showing the Minnesota Telecom Alliance Foundation that you have successfully completed your academic work.



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**2021 SCHOLARSHIP APPLICATION**  
(All forms are to be neatly printed or typed.)

**Personal Information**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Parent/Guardian Information**

Name \_\_\_\_\_

Permanent Mailing Address (if different from applicant)  
\_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Education**

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

Name of School	Location (City)	Date of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of College/Technical College to Attend (1st Choice) \_\_\_\_\_

Name of College/Technical College to Attend (2nd Choice) \_\_\_\_\_

Desired Course of Study or Major (You may indicate more than one, or answer "undecided")  
\_\_\_\_\_

Have you been accepted at any school?    Yes    No

If so, which one(s)? \_\_\_\_\_

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

If so, please complete section below:

Name of Award / Grant or Scholarship?	Amount	Granted	Pending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Activities and Work Experience**

List any academic distinction or honors you have won in high school (grades 9-12) and grade level in which it was achieved.

Academic Distinction or Honor	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List school and community activities in which you have been actively engaged in the last four years and which you feel have been most meaningful to you. (Activity, number of years, grade level participated, class offices held).

List jobs (including summer employment) you have held in the past four years. (Job or type of work, employer, year, number of hours worked weekly and how long you worked there. You may use additional sheets if necessary.)

## 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?

## Explanation/Special Circumstances

Please use this space to explain any special circumstances. (Ex: illness, disabilities, major tragedies or family issues).

## Application Checklist and Signature

This application for student aid becomes complete and valid only when you have returned the following materials.

- Application
- Current Transcript of Grades
- Applicant Appraisal (2)
- Essay
- All Required Signatures
- Application Deadline

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I am applying for:

**One \$2,000 Jon Tollefson Technology Scholarship:** To be eligible, applicants must be majoring in either Telecommunications or Information Technology (IT) at a university, college, or technical college and be a Minnesota resident.

**One of six \$2,000 General Scholarships:** To be eligible, applicants must be attending post-secondary education at a university, college, or technical college, be a Minnesota resident, and the applicant's family must subscribe to at least one service from an MTA member company.

## CHECK LIST FOR MTA FOUNDATION SCHOLARSHIP APPLICATION

Are all of the following complete?

Student's personal information

Student's choice of school

Student's desired course of study

Essay of no more than 500 words

Number of students in class and the student's rank in class

Grade point average (GPA)

Total number of students enrolled in high school (grades 9-12)

Copy of ACT or SAT test scores

Student's transcripts, properly verified

**Two** appraisals completed by administrator/advisor/counselor/teacher

Teacher, school counselor or administrator signatures

Applicant's signature

Local telephone company manager's verification



# MINNESOTA TELECOM ALLIANCE FOUNDATION SCHOLARSHIP APPLICATION

## Required Applicant Appraisal

Name of Student \_\_\_\_\_

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR, ADVISOR, INSTRUCTOR, OR SUPERVISOR.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

	extremely appropriate	very appropriate	moderately appropriate	inappropriate
_____				
The applicant's choice of a post secondary education program is				

	extremely well	very well	moderately well	not well
_____				
The applicant's achievements reflect his or her ability				

\_\_\_\_\_ The applicant is able to seek, find, and use learning resources

\_\_\_\_\_ The applicant demonstrates curiosity and initiative

\_\_\_\_\_ The applicant demonstrates good problem-solving skills, follows through, and completes tasks

	excellent	good	fair	poor
_____				
The applicant's ability to set realistic and attainable goals is				

\_\_\_\_\_ The applicant's commitment to school and community is

\_\_\_\_\_ The applicant's respect for self and others is

Comments

\_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Appraiser's School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## MINNESOTA TELECOM ALLIANCE FOUNDATION SCHOLARSHIP APPLICATION

### Academic Information and Transcript

High school seniors and students who have completed less than one full semester of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_.

Total number of students in grades 9-12: \_\_\_\_\_

Cumulative grade point average \_\_\_\_\_ / 4.0 scale

#### SAT

Verbal: \_\_\_\_\_

Math: \_\_\_\_\_

#### ACT

Standard English: \_\_\_\_\_

Math: \_\_\_\_\_

Reading: \_\_\_\_\_

Science: \_\_\_\_\_

Composite: \_\_\_\_\_

### For college-bound seniors, national percentile only.

School Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_