Ntec 2025 SCHOLARSHIP APPLICATION

riease print or type:				
Name				
Address	City	State	Zip	
Name of parent or guardian who has active ph	none or internet servi	ce with Ntec		
Telephone number (Ntec landline phone numb	er) or cell phone nu	mber		
Preferred email address for communication	PLEASE PRINT CLEARL	. Y		
CONTINUE	ETO PAGE 2 →			
The following information is required to com	plete the applicat	ion process.		
High school attending & most recent GPA:				
Date of Graduation:				
List academic achievements or unique circums	tances that aren't re	eflected in your grades:		
			<u> </u>	
			_	
List any additional community or extracurricular	activities:			
			<u> </u>	
			_	
College or University you plan to attend:				
Course of study:				

Check here □ if any required materials abov	e are attached as a separate document with this form
Name (Print)	Nelson Communications Cooperative Cooperative Name
Signature	Date
Parent or Guardian Signature	Office Use Only: Scholarship Amount Requested: \$1,000.00



This institution is an equal opportunity provider and employer