

MINNESOTA TELECOM ALLIANCE FOUNDATION

P.O. Box 218 | Madelia, MN 56062

Telephone: (651) 291-7311

www.mnta.org

DIRECTORS:

Kevin Beyer, Tim Brinkman, Bob Eddy, Mary Ehmke, Shelly Geerdes, Steve Katka, Terry Nelson, Cheryl Scapanski, Dave Wolf

MINNESOTA TELECOM ALLIANCE FOUNDATION 2025 SCHOLARSHIP APPLICATION

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 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 career related goal?
 - * Why did you choose that goal?
 - * How do you expect to achieve that goal?

ALL APPLICANTS MUST BE HIGH SCHOOL SENIORS, MINNESOTA RESIDENT 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 your local telephone company manager by February 14, 2025.

For **TDS** customers only, please send your application to:

Angie Dickison 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 2025-2026 school year after showing the Minnesota Telecom Alliance Foundation that you have successfully completed your academic work.



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2025 SCHOLARSHIP APPLICATION

(All forms are to be neatly printed or typed.)

| NameDate of Birth | | | | |
|------------------------------|----------------|---|--|--|
| | | | | |
| State_Zip | Email Addre | ess: | | |
| Telephone Numbe | er | | | |
| | | | | |
| | | | | |
| | | | | |
| Telephone Numbe | er | | | |
| | | | | |
| e last three years, includin | g any summer c | or special courses. | | |
| Location (City) | | Date of Attendance | | |
| | | | | |
| | | | | |
| | | | | |
|) | | | | |
| than one, or answer "undecid | ed") | | | |
| | | | | |
| | | | | |
| other grants or scholarships | ? O Yes O N | o | | |
| | | | | |
| Amount | Granted | Pending | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
|) | State_Zip | State_ZipEmail AddressTelephone Number e last three years, including any summer of Location (City) than one, or answer "undecided") other grants or scholarships? \(\cap \) Yes \(\cap \) N | | |

Activities and Work Experience

| Activities at | id Work Expe | i le i le e | |
|-------------------------------|----------------------|--|--------------------------------------|
| List any academ was achieved. | nic distinction or l | honors you have won in high school (grade | s 9–12) and grade level in which it |
| Academic Distinc | tion or Honor | | Grade |
| | | | |
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| | | | |
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| | | | |
| | | | |
| held). | | gful to you. (Activity, number of years, gra | ac tere, participated, class offices |
| | | | |
| | | | |
| | | past four years. List employer, job type, y heets if necessary) | ears and months worked. Hours per |
| <u>Employer</u> | Job type | Year and Number of Months Worked | Hours Per Week |
| g) Hyvee | Cashier | 2021 - 4 months | 10 |
| | | | |

| Essay | | | | |
|---|--|--|--|--|
| On a separate sheet of paper, type a statement of NO MORE THAN 500 WORDS answering these questions: | | | | |
| 1. What is your career related goal? | | | | |
| 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 | x: illness, disabilities, major tragedies, or family issues). | | | |
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| Application Checklist and Signature | | | | |
| This application for student aid becomes complete and materials. | valid only when you have returned the following | | | |
| ☐ Application | | | | |
| ☐ Current Transcript of Grades | | | | |
| ☐ Essay | | | | |
| ☐ All Required Signatures | | | | |
| ☐ Application Deadline | | | | |
| | | | | |
| | | | | |
| Applicant's Signature | ant's SignatureDate | | | |
| | | | | |
| I am applying for: | | | | |
| One \$3,000 Jon Tollefson Technology Scholarship: To be eligible, applicants must be a high school senior with plans to major in either Telecommunications or Information Technology (IT) at a university, college, or technical college and be a Minnesota resident. | One of five \$2,000 General Scholarships: To be eligible, applicants must be a high school senior with plans on 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. Note: The Bud Marrow Scholarship is given to the | | | |

\$1,000.

highest scoring applicant and will receive an additional

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)
Student's transcripts, properly verified
Teacher, school counselor or administrator signatures
Applicant's signature
Local telephone company manager's verification



MINNESOTA TELECOM ALLIANCE FOUNDATION SCHOLARSHIP APPLICATION

Academic Information and Transcript

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 For college-bound seniors, national percentile only. School Official's Name______Title_______Title______ Email Address______Telephone Number ___ School Address City_____State____Zip _____ Signature______Date _____

High school seniors and students who have completed less than one full semester of post-secondary education



MINNESOTA TELECOM ALLIANCE FOUNDATION SCHOLARSHIP APPLICATION

MTA FOUNDATION SCHOLARSHIP APPLICATION VERIFICATION

TO BE COMPLETED BY LOCAL TELCO MANAGER AND SUBMITTED TO THE FOUNDATION BY MARCH 7, 2025

| Each application submitted to the MTA Foundation must include this endorsement. | | | | |
|---|--|--|--|--|
| (DO NOT GIVE THIS FORM TO THE HIGH SCHOOL.) | | | | |
| Applicant's Name | | | | |
| | | | | |
| Review application and answer the following questions: | | | | |
| I have reviewed this application and find it to be complete. $$ | | | | |
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| | | | | |
| | | | | |
| The applicant lives in a household that subscribes to at least one service from my company. \bigcirc Yes \bigcirc No (If no, please | | | | |
| comment) | | | | |
| | | | | |
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| Additional comments about this applicant: | | | | |
| | | | | |
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| I hereby verify that the above application has been reviewed by me for completeness and is being submitted to the | | | | |
| Minnesota Telecom Alliance Foundation for consideration to be awarded a scholarship for the 2025–2026 school year. | | | | |
| NameTelephone Company | | | | |
| Email AddressTelephone Number | | | | |
| Mailing Address | | | | |
| CityStateZip | | | | |
| Jtate | | | | |
| SignatureDate | | | | |
| All information on this form will be kept in strict confidence. | | | | |
| The scholarship will be paid at the end of the 2025-2026 school year upon showing successful completion of | | | | |

MTA Foundation Scholarship - Student Application

academic work.