

# TRICOUNTY TELEPHONE FOUNDATION

P.O. Box 91 • Belhaven, North Carolina 27810 • 252-964-8000

## SCHOLARSHIP APPLICATION

*“Devoted to the Improvement of the Economic and Social Conditions of Beaufort, Hyde, and Washington Counties”*

••• PLEASE TYPE OR PRINT IN BLACK OR BLUE INK •••

### ELIGIBILITY

1. Student must be a permanent resident of a TriCounty Broadband customer's household whose residence or business is in the TriCounty Broadband service area.
2. Student must be a senior graduating in the current school year.

### TO BE COMPLETED BY STUDENT

Student's Full Name: \_\_\_\_\_ Last 4 digits of Social Security No. \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City

State

Zip

Where does student plan to attend college? \_\_\_\_\_

All the information on this application is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### TO BE COMPLETED BY SCHOOL GUIDANCE COUNSELOR OR PRINCIPAL

School's Name: \_\_\_\_\_

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

City

State

Zip

Phone No: (252) \_\_\_\_\_ Is this student in the current graduating class? Yes \_\_\_ No \_\_\_

School Official's Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

TO BE COMPLETED BY **TRICOUNTY** OFFICIAL WHEN RETURNED TO OUR OFFICE.

**Please do not fill out below this line.**

Customer's Name: \_\_\_\_\_ Account No. \_\_\_\_\_

*The above named customer is a permanent resident of the TriCounty Broadband service area.*

**STUDENT:** Mail completed application by April 7 to:  
Scholarship Committee  
TriCounty Telephone Foundation  
P. O. Box 91  
Belhaven, North Carolina 27810