

Do your parent(s) or legal guardian(s) reside within a Golden West telephone area and have our service?

Yes (See communities and list of telephone prefixes in the Scholarship Rules and Guidelines).
If you checked yes, go on to question 2.

No If you answered no, you're ineligible for the Golden West Scholarship.

Applicant's Name _____

Parent or Guardian Name _____

Mailing Address _____

Home Phone Number _____

Class _____ Rank _____ GPA _____

Name / Address of High School _____

School Attendance Record

Grade 9 _____ **Grade 11** _____

Grade 10 _____ **Grade 12** _____

School Office Held

Grade 9 _____

Grade 10 _____

Grade 11 _____

Grade 12 _____

School Activities

Grade 9 _____

Grade 10 _____

Grade 11 _____

Grade 12 _____

Honors and Awards _____

Community Service and Involvement _____

List Employment History in past 2 years _____

School you plan to attend _____ **Major** (if known) _____

I declare and affirm that the applicant **MEETS THE ELIGIBILITY REQUIREMENT OF THEIR PARENT(S) OR LEGAL GUARDIAN(S) RESIDING WITHIN ONE OF THE GOLDEN WEST TELEPHONE SERVICE AREAS AND HAVE SERVICE WITH GOLDEN WEST**, and that this application has been completed in good faith and is, to the best of our knowledge, correct.

Please return the completed form to the superintendent or principal by March 15, 2024.

At-Large applicants ONLY may email this form to scholarships@goldenwest.com.

Signature of Applicant _____

Signature of Parent / Guardian _____

Signature of Counselor _____