

2010 BOB ADKISSON MEMORIAL SCHOLARSHIP APPLICATION

Name (Last): _____ (First): _____ (Middle): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Birth Date (md/dd/yy): _____

High School Name: _____ Expected Date of Graduation: _____

High School Address: _____

City: _____ State: _____ Zip: _____

High School GPA: _____ Class Rank: _____ of _____ SAT Score: _____ ACT Score: _____

College/School Address (Attending next year): _____

City: _____ State: _____ Zip: _____

Contemplated Field of Study: _____

Awards or Honors Received in School: _____

Activities in School: _____

Activities in Community: _____

Employment - Past & Present (List employer, position, number of hours worked weekly, and if job was during school year or summer. Use attachment if needed.)

Check One: I am the _____ Son _____ Daughter _____ Stepchild of: (List employee name, job title, company name, manager, address and phone number.)

Applicant Signature: _____ Date: _____

REQUIRED ATTACHMENTS:

1. Attach school transcripts stating cumulative grade point average to your application.
2. Attach personal evaluation by principal or teacher (*aptitudes, attitudes, leadership, character, etc.*).
3. Attach letter of recommendation from an employer, official, civic or religious leader in the community.
4. Attach SAT/ACT test results.
5. Attach handwritten single spaced one page letter containing information on what your educational goals are and the contribution you will make to society. Include a photograph.
6. Return completed application and attachments to: Western Telecommunications Alliance Foundation, Inc., PO Box 5655, Helena, Montana 59604
Applications must be post marked by March 1, 2010
7. Applications will be considered incomplete and will be disqualified, if the required attachments and application are not completed or are illegible.



If you have any questions please contact
Lea Cramer at WTA, 406.443.6377 or lea@w-t-a.org.