



## 2023 Vernon Communications Cooperative (VC Co-op) Scholarship & Continuing Education Grant

Applicant must be a current subscriber or a dependent to a subscriber of **VC Co-op** services. The following documents must accompany this application: ***(Incomplete applications will not be considered)***.

1. A ***completed scholarship application*** form.
2. Grade point average (***GPA***) ***and history***, including courses taken and grades received, from the first year of high school to date of application. (Transcript or post-secondary education copies sufficient).
3. A photo copy or certificate, verified by the proper authority stating the applicant's ***ACT/SAT test scores***.
4. A personal or professional ***letter of recommendation*** covering character, personality, scholarship and other relevant information concerning the applicant.

**This application must be submitted directly to VC Co-op by February 17, 2023.**

Email or send a completed application and pertinent documents to:

***[jpedretti@vernoncom.coop](mailto:jpedretti@vernoncom.coop)***

**Vernon Communications Cooperative**

**Attn: Jana Pedretti**

**103 N. Main St.**

**Westby, WI 54667**



**Scholarship and Continuing Education Grant Application**

Name: \_\_\_\_\_

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

Contact Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

VC Co-op Member Name: \_\_\_\_\_

VC Co-op Member Account Number: \_\_\_\_\_

*List name of schools attended in chronological order:*

	Location	Year
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Class Rank: \_\_\_\_\_ GPA: \_\_\_\_\_

Graduating class and school of: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

*List any academic and professional distinction of honors, awards and membership activities:*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*List your hobbies, outside interests, extracurricular and school related activities:*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Work Experience** (List any jobs held in the past 3-4 years).

Name:	Title	Year
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Continuing Education**

Desired Course of Study: \_\_\_\_\_

Have you been accepted to any schools? If so, which one(s):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Indicate school of choice**

Name of University or Technical College:	Two or Four Year School
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Please answer the following questions**

How has technology impacted your life?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you expect technology will impact your future plans?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your general career goal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_