



2025 VernonCom Scholarship & Continuing Education Grant

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

1. A ***complete 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 VernonCom by
February 14, 2025.**

Email or send a complete application and pertinent documents to:

jpedretti@vernoncom.coop

**VernonCom
Attn: Jana Pedretti
103 N. Main St.
Westby, WI 54667**



Scholarship and Continuing Education Grant Application

Name: _____

Address: _____

Contact Number(s): _____ Email Address: _____

Member Name: _____

VernonCom 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:

1. _____
2. _____
3. _____
4. _____

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

1. _____
2. _____
3. _____
4. _____

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?

