



PO BOX 18  
208 EAGLE STREET  
MERIDEN, IA 51037-0018  
PHONE: (712) 443-8222  
FROM ARCHER: 723-8222  
WEBSITE: [www.cmltelephone.com](http://www.cmltelephone.com)

## **DAN ROSE MEMORIAL COLLEGE SCHOLARSHIP PROGRAM**

C-M-L Telephone Cooperative Association of Meriden Iowa supports the continuing education of the high school seniors whose parents or legal guardian are a member of C-M-L Telephone Cooperative and have their phone service in the Meriden, Cleghorn, Larrabee, or Archer exchange.

### Eligibility

Applicants must:

1. be a graduating high school senior;
2. live in the household of the parents or legal guardian that are members of C-M-L Telephone Cooperative; and,
3. successfully complete the first semester in an accredited two-year or four-year college, or university, or vocational-technical school.

C-M-L Telephone Employee's and Board Member's children are not eligible to apply for this award.

### How to Apply

1. Complete the scholarship application in full.
2. Prepare a typed 300 word essay that addresses the following:
  - a) explain why the services provided by C-M-L Telephone Cooperative are important to you and/or members of your family; and,
  - b) tell us what your career plans are and how you plan to give back to your community once you start your career.
3. Have a high school teacher or counselor complete the attached Educator's Recommendation Form. Recommendation must be sent in a sealed envelope from the letter's author.
4. Include your most recent grade transcript.

### Award Procedure

1. \$500.00 scholarships will be awarded in May 2018 to possibly up to four students.
2. Applications will be reviewed by the CML Telephone Cooperative Board of Directors.
3. Winners will be notified by mail in April 2018.
4. Award will be paid upon proof of second-semester registration at an institute of higher education, and will be issued in January 2019.
5. Scholarship will be awarded without regard to race, ethnicity, national origin, religion, sex, or disability.
6. Incomplete / non typed / essays will not be considered.

### Make sure to:

1. Include a completed application form.
2. Include recent grade transcript.
3. Include a 300-word essay.
4. Include an Educator's Recommendation.
5. Postmark your entry to C-M-L Telephone Cooperative by April 1, 2008

### Questions or to contact C-M-L Telephone Cooperative:

Bruce Johnson, Mgr. – 712-443-8222  
CML Telephone Cooperative Ass'n.  
208 Eagle St.  
Meriden, IA 51037

**DAN ROSE MEMORIAL COLLEGE SCHOLARSHIP  
APPLICATION**

**Instructions:**

1. Please type or print
2. Include all requested attachments; and
3. Postmark application to CML Telephone Cooperative Ass'n. by **April 1, 2018**

Please fill out this Application and mail with attachments to

C-M-L Telephone Cooperative Ass'n.  
208 Eagle St.  
Meriden, IA 51037

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_

Name of Parent(s) or Guardian(s) \_\_\_\_\_

High School \_\_\_\_\_

University or College you plan to attend \_\_\_\_\_

Address of University or College \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ If no, when will you know? \_\_\_\_\_

High School Honors / Awards \_\_\_\_\_  
\_\_\_\_\_

Community activities in which you have been involved \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief summary of your career plans \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CHECKLIST

- \_\_\_ Application Form
- \_\_\_ Transcript
- \_\_\_ 300-word essay
- \_\_\_ Educator's Recommendation Form (in sealed envelope)
- \_\_\_ Postmark to CML Telephone by April 1, 2018

Identify the activities in which you have been involved by circling the number of years you have participated in each.

Band.....	1	2	3	4
Baseball.....	1	2	3	4
Basketball.....	1	2	3	4
Cheerleading.....	1	2	3	4
Choir.....	1	2	3	4
Cross Country.....	1	2	3	4
Debate.....	1	2	3	4
Drill Team.....	1	2	3	4
FFA.....	1	2	3	4
Football.....	1	2	3	4
Foreign Language.....	1	2	3	4
Golf.....	1	2	3	4
Softball.....	1	2	3	4
Speech.....	1	2	3	4
Student Government.....	1	2	3	4
Tennis.....	1	2	3	4
Theater.....	1	2	3	4
Track.....	1	2	3	4
Volleyball.....	1	2	3	4
Wrestling.....	1	2	3	4
Yearbook.....	1	2	3	4

### Applicant Certification

I hereby certify that the information on this application is complete and correct to the best of my knowledge. I here grant CML Telephone Cooperative to contact my school, if necessary.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Be sure to complete all of the application

**DAN ROSE MEMORIAL COLLEGE SCHOLARSHIP  
EDUCATORS RECOMMENDATION FORM**

Name of Applicant \_\_\_\_\_

High School \_\_\_\_\_

High School Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

High School Phone \_\_\_\_\_

How long and in what capacity have you known the applicant? \_\_\_\_\_

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

Please state why you feel this applicant is qualified to receive this scholarship.

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

\_\_\_\_\_  
Name of person completing form \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Educator: Please return this form to C-M-L Telephone Cooperative, 208 Eagle Street, Meriden, IA 51037 and give a copy in a sealed envelope to the student you are recommending.**