



PO BOX 18
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MERIDEN, IA 51037-0018
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FROM ARCHER: 723-8222
WEBSITE: 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, 2018

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.