Frank James—SkyLine Scholarship

# 2017 Program Information and Application Form



| Name(s) of community/technical colleges or colleges/universities where you have been accepted |                     |                   |       |  |  |
|---|---------------------|-------------------|-------|--|--|
| Name and address of college you plan  | to attend           |                   |       |  |  |
| Course of study you plan to pursue _  |                     |                   |       |  |  |
| Number of students in your high school  | ol graduating class | Your class rank   |       |  |  |
| Class offices held and year   |                     |                   |       |  |  |
|   |                     |                   |       |  |  |
| Honors received and year  |                     |                   |       |  |  |
| Clubs you hold memberships in   | Years               | Club Offices Held | Years |  |  |
|   |                     |                   |       |  |  |
| Involvement in sports or other school a   | ctivities           |                   |       |  |  |
|   |                     |                   |       |  |  |
|   |                     |                   |       |  |  |
|   | APPLICANT C         | ERTIFICATION      |       |  |  |

I hereby certify that the information on this application is complete and correct to the best of my knowledge. I hereby grant permission to SkyLine Membership Corporation to contact my school, if necessary, and to use my name and

photograph in promotional materials in the event that I am selected to receive a scholarship.

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

- One recent individual photograph (wallet size) to remain the property of SkyLine. Digital photos cannot be accepted. To protect photograph, please enclose it in an envelope and include with your completed application.
- Handwritten letter from applicant stating reason for applying for scholarship, including special needs or family circumstances and plans for the future.
- Letter of recommendation from high school principal, guidance counselor, teacher, youth leader or community leader.
- Complete high school transcript, including results of all college entrance exams.

| Deadline for Scholarship (Public High School Seniors): _ | Return completed application to |
|--|---------------------------------|
| your high school guidance department.                    |                                 |

Deadline for Scholarship (Private School or Home School Seniors): Monday, April 10. Return completed application to SkyLine, Attn: Karen Powell, PO Box 759, West Jefferson, NC 28694, or you may drop it off at any of our five Customer Center locations: West Jefferson Call Center, 1079 NC Hwy. 194 North, West Jefferson; West Jefferson Smart Home, 1060 Mount Jefferson Road, West Jefferson; Sparta Customer Center, 199 Grayson Street, Sparta; Banner Elk Customer Center, 20 High Country Square, Banner Elk; Boone Customer Center, 217 Wilson Drive, Boone.

#### ABOUT THE PROGRAM

SkyLine's Board of Directors established the SkyLine Telephone Membership Corporation Scholarship in 1987 to offer educational opportunities to deserving high school seniors with limited means. The scholarship has been awarded to children of SkyLine members who exhibit outstanding scholastic abilities and motivation to continue their education. Annually, scholarships are awarded to graduating high school seniors in each of the five counties served by SkyLine: Alleghany, Ashe, Avery, Watauga and Johnson (TN).

In 1995, the Scholarship Program was renamed the Frank James–SkyLine Scholarship as a lasting memorial to Mr. James, who had been a longtime director and president of the cooperative. In addition to his tireless services to the causes of rural telephony, the former educator and superintendent of Ashe County Schools dedicated much of his life to promoting education. Also in 1995, the program was expanded to include five \$500 scholarships for graduating high school seniors seeking a two-year community/technical college degree.

The Board of Directors further enhanced the program in 1999 to make the \$1,000 College/University Scholarship annually renewable for up to four years and the \$500 Community/Technical Scholarship annually renewable for up to two years. To receive the full two- or four-year benefits of this scholarship, recipients must maintain a minimum grade-point-average (GPA) of 2.0 and continue to be enrolled as a full-time student at their respective college/university. This year, 10 scholarships with a total value of \$25,000 are scheduled to be awarded this spring to children of SkyLine/SkyBest telephone service customers to assist them with the cost of a college education.

## ELIGIBILITY

Applicants must:

- · Be students whose parents are full-time residents in the
- SkyLine service area and receive telephone service from SkyLine or SkyBest for a minimum of one year.
- Be graduating high school seniors (local public school, private school or home school) whose parents currently receive telephone service from SkyLine or SkyBest, and along with their parents, reside full-time in the cooperative's five county service area.
- Have qualified for entrance to a two-year community or technical college for the Community/Technical College Scholarship, or;
- Have qualified for entrance to a four-year college or university and have a minimum SAT score of 800 (critical ready and math) or a minimum ACT score of 19 (composite) for the College/University Scholarship.
- Be of college caliber in the judgment of their high school principal and counselor or scholarship committee.
- Provide to the local high school guidance counselor only, documentation exhibiting financial need.
- Exhibit high scholastic achievement, leadership qualities, and participation in school and community activities.

NOTE: Children of SkyLine employees and directors are ineligible for consideration.

# HOW TO APPLY

Along with a completed scholarship application, please include the following:

- Complete high school transcript, including the results of all college entrance exams.
- Summary of applicant's extracurricular activities.
- Letter of application in the student's own handwriting.
- Letter of recommendation from the high school principal, guidance counselor, teacher, youth leader or community leader.
- Official information regarding other scholarship awards the student has applied for or received.

- Recent individual photo to be used for publication. (Please do not attach using staples or paper clips.)
- Submit all application materials noted above to the public high school guidance department in the county where you reside full-time with your parents.

## AWARD PROCEDURES

- Students attending local public schools will submit applications to their guidance department; students attending private school or home school will submit applications directly to SkyLine. All applications will be reviewed, and nominees for each of the two- and four-year scholarships will be selected based on eligibility requirements.
- Prior to their interviews, nominees will be invited to attend Scholar Visitation Day at SkyLine's Corporate Offices. The program will preview the scholarship interview/selection process and highlight SkyLine's history and community involvement.
- Nominees will be interviewed individually at SkyLine's Corporate Offices by the appropriate scholarship committee.
- A SkyLine representative will recognize recipients at their school on awards day or at graduation, and a public announcement of the recipients will be made in June.
- The official presentation of the scholarship award will be made at the SkyLine Annual Meeting in September. At this meeting a check for half of the first-year scholarship will be presented to the student and made payable to the college or university. If the student's travel distance from college would present a hardship to attend this required meeting, his or her parents would need to be present to receive the award on behalf of their son or daughter. Failure to attend the Annual Meeting and/or contact SkyLine could result in the forfeiture of the scholarship.

# QUESTIONS

If you have questions about the Frank James–SkyLine Scholarship Program, please call SkyLine at 1-800-759-2226.

• Information demonstrating financial need.

| Type of Scholarship (Please ch      | eck one)                     |                    | Home Telep      | hone Number              |               |                        |
|-------------------------------------|------------------------------|--------------------|-----------------|--------------------------|---------------|------------------------|
| College/University                  |                              |                    | High Schoo      | 1                        |               |                        |
| Community/Technical College         |                              |                    | County of F     | Residence                |               |                        |
| NameLast                            |                              |                    |                 |                          |               |                        |
| Last                                | First                        | Middle             | 2               | (Name you go by)         | Last 4 Digits | of Social Security No. |
| Address Street                      | Box                          | City               |                 | State                    |               | Zip Code               |
| blicet                              | DOX                          | City               |                 | State                    |               | Zip Gode               |
| Age Date of Birth                   |                              | Sex: M             | F Ma            | arried Single            | 2             |                        |
| Father's Name                       | First                        | Middle             | (Name he goes h | y for publicity purposes |               | Deceased               |
| Mother's NameLast                   |                              |                    |                 | y for publicity purposes | _ Living      | Deceased               |
| I primarily live with my: Father    | Mother Both                  |                    |                 |                          |               |                        |
| Address of Father or Moth           | er (if different from yo     | urs)               |                 |                          |               |                        |
| In the event you are selected, ho   | w would you like your paren  | its' names listed? |                 |                          |               |                        |
| Please list any children in family, | including yourself, in chror | nological order:   |                 |                          |               |                        |
|                                     |                              |                    |                 | Amount he/she            |               |                        |

| Name (first) | Age | What Year<br>in School | Place of Employment | Amount he/she<br>contributes<br>family income | Married | Single | Living<br>at home? |
|--------------|-----|------------------------|---------------------|---|---------|--------|--------------------|
|              |     |                        |                     |   |         |        |                    |
|              |     |                        |                     |   |         |        |                    |
|              |     |                        |                     |   |         |        |                    |
|              |     |                        |                     |   |         |        |                    |
|              |     |                        |                     |   |         |        |                    |

Additional information or comments:

#### THE FOLLOWING INFORMATION WILL BE KEPT IN STRICT CONFIDENCE:

| Father's place of employment   | Adjusted Gross Income (from most recent Income Tax Return)* |
|--|---|
| Mother's place of employment   | Adjusted Gross Income (from most recent Income Tax Return)* |
| Please list other sources of income and amounts including Social Security, if any: |   |
| Please list other college scholarships you have received and the amounts:          |   |

(Please complete both sides of the application. If more space is needed, please attach an additional sheet) \* 2016 Tax Return Form 1040, Line 37; Form 1040A, Line 21. Please include a copy of this section of the tax return with this application. This information will be filed in the school counselor's office.