



MEMBER EDUCATION GRANT

REQUIREMENTS:

Funds are to be awarded on a one-time basis and the amount of the award shall not exceed \$3,500. Eligibility requirements include, but are not limited to, the following:

1. Applicant must have earned a vocational certificate or associate, bachelor or graduate school degree from a regionally accredited institution within 6 months of applying. Proof of certification or diploma are required.
2. Applicant must provide proof of payment to a regionally accredited institution for tuition, books and/or class fees. Award amounts will be based on proof of receipt for applicant's payments made for actual expenses.
3. Grants will not be awarded to dependents of Cooperative members. Applicant must be an active Cooperative member¹ who is currently receiving landline telephone service in one of the Cooperative's 26 service exchange areas. (Click [here](#) to view Cooperative Service Exchanges to check eligibility)

NOTE: Internet service or landline service outside the listed Cooperative exchange areas does not qualify.)

4. Questions may be directed to ginae@plateautel.com Eligible applications must be addressed as follows and post-marked no later than December 11, 2017:

PLATEAU EDUCATION FOUNDATION

MEMBER EDUCATION GRANT

POST OFFICE BOX 1947

CLOVIS NM 88102-1947

¹For the purpose of scholarship eligibility, a *cooperative member* is defined by the Bylaws of the Cooperative.



MEMBER EDUCATION GRANT APPLICATION

- Complete all requested information on this form.
- Do not include photographs or other supporting material not requested.
- Confirmation of certification or degree must be validated by a school official authorized to make such verification.
- Copies of paid invoices must include the contact information of the regionally accredited institution paid.
- Applications must be post-marked no later than December 11, 2017.

Applicant's Name:

Applicant's E-mail Address:

Applicant's Area Code & Cell Phone #:

Mailing Address, City, State, Zip:

Qualifying Cooperative Telephone Number:

Regionally Accredited Institution Attended:

School Address:

School Phone Number:

Date of Completion:

Field of Study/Degree/Certification Received:

Application Certification: I hereby attest that the information provided in this application is complete and true. Further, I authorize representatives from Plateau to contact school officials to verify any submitted information and to use my name and likeness in publications if selected.

DATED: _____

APPLICANT'S SIGNATURE

Return this page and all supporting documents to:

**PLATEAU EDUCATION FOUNDATION
MEMBER EDUCATION GRANT
POST OFFICE BOX 1947
CLOVIS NM 88102-1947**