



TOM M. PHELPS SCHOLARSHIP

REQUIREMENTS:

The Tom M. Phelps Scholarship will be awarded over the course of two semesters and will be paid directly to the college or university on the recipient's behalf. The award will be paid in the amount of \$1,000 per semester for two consecutive semesters so long as eligibility requirements are met. Eligibility requirements include, but are not limited to the following:

1. Applicant must demonstrate academic/technical promise and motivation to succeed in a higher education or vocational school setting. **Currently enrolled, full-time college students with a classification of either a junior or senior will be considered for this scholarship.** Proof of enrollment, full-time status and student classification are required.
2. If awarded, applicant must use the scholarship to attend a regionally accredited vocational school, college or university.
3. Applicant must be a legal dependent¹ of an active Cooperative member² or a Cooperative Member themselves, 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. Applicant must provide a copy of their completed Free Application for Student Federal Financial Aid (FASFA). Provide only the first page and those sections of the report that show student dependent status.
5. Students currently receiving scholarship funds from Plateau do not qualify for this award.
6. Questions may be directed to jrj@plateautel.com Eligible applications must be addressed as follows and post-marked no later than March 6, 2018.

**PLATEAU EDUCATION FOUNDATION
TOM M. PHELPS SCHOLARSHIP
POST OFFICE BOX 1947
CLOVIS NM 88102-1947**

¹For the purpose of scholarship eligibility, a *dependent* is a child that meets the IRS rules as a qualifying child for tax benefits.

²For the purpose of scholarship eligibility, a *cooperative member* is defined by the Bylaws of the Cooperative.



TOM M. PHELPS SCHOLARSHIP APPLICATION

- Complete all requested information on this form.
- Do not include photographs or other supporting material not requested.
- Proof of full-time enrollment and classification of either a COLLEGE JUNIOR or SENIOR must be validated by a school official authorized to make such verification.
- A copy of the FASFA report showing student dependent status is required.
- Applications must be post-marked no later than March 6, 2018.

Applicant's Name: _____

Applicant's E-mail Address: _____

Applicant's Area Code & Cell Phone #: _____

Mailing Address, City, State, Zip: _____

Qualifying Cooperative Telephone Number: _____

***Qualifying Cooperative Member's Name if other than yourself:** _____

Regionally Accredited Institution Attending & ID #: _____

Institution's Mailing Address: _____

Institution's Phone Number: _____

Classification as either a Junior or Senior: _____

Field of Study/Degree/Certification Pursuing: _____

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.

DATE: _____

APPLICANT'S SIGNATURE

* _____
COOPERATIVE MEMBER'S SIGNATURE

Return completed application along with all supporting documents to:

**PLATEAU EDUCATION FOUNDATION
TOM M. PHELPS SCHOLARSHIP
POST OFFICE BOX 1947
CLOVIS NM 88102-1947**



**TOM M. PHELPS SCHOLARSHIP APPLICATION
VERIFICATION BY SCHOOL OFFICIAL**

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY A SCHOOL OFFICIAL:

STUDENT'S NAME: _____

FULL-TIME HOURS CURRENTLY ENROLLED: _____

CLASSIFICATION (must be either a COLLEGE Junior or Senior to Qualify): _____

CUMULATIVE GRADE POINT AVERAGE: _____

REGIONALLY ACCREDITED INSTITUTION NAME: _____

I hereby attest that the following information for said student is complete and true. Further, I attest that I am qualified to make such verification on behalf of said institution.

PRINTED NAME: _____

TITLE: _____

CONTACT NUMBER: _____

SIGNATURE: _____

DATE: _____