



## MEMBER EDUCATION GRANT

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 is 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 paid for by the applicant
3. Grants will not be awarded to dependents of Cooperative members. Applicant must be an active Cooperative member<sup>1</sup> who is currently purchasing retail communication services in one of the Cooperative's 26 service exchange areas. (Click [here](#) to view Cooperative Service Exchanges to check eligibility) The service must have been in the applicant's name for the previous six (6) months from the application date.  
**NOTE: Purchasing retail communication services outside the listed Cooperative exchange areas does not qualify.**
4. Questions may be directed to [lwaller@plateautel.com](mailto:lwaller@plateautel.com). Eligible applications must be addressed as follows and will be accepted on a first come, first reviewed basis until a total of four awards are approved in a 12 month calendar year:

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

<sup>1</sup>For the purpose of grant 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.

**Applicant's Name:**

---

**Applicant's E-mail Address:**

---

**Applicant's Contact Number:**

---

**Mailing Address, City, State, Zip:**

---

**Qualifying Cooperative Telephone or Account 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**