



HIGH SCHOOL \_\_\_\_\_  
Name City State

DATE OF GRADUATION \_\_\_\_\_

CUMULATIVE GPA \_\_\_\_\_ CLASS RANK \_\_\_\_\_

**\*\* Must Attach "OFFICIAL" certified copies of high school transcripts or college transcripts.  
(Application will be void if this information is not attached or sent before deadline.)**

PLAN TO ATTEND \_\_\_\_\_  
Name of college, university, junior college

**\*\* Attach evidence of acceptance if available.**

INTENDED MAJOR \_\_\_\_\_

**ACADEMIC HONORS AND AWARDS:**

Please indicate any awards, honors or recognitions received.

---

---

---

**EXTRA CURRICULAR ACTIVITIES:**

Please indicate any extracurricular activities - clubs, athletics, student government, music organizations, etc.

---

---

---

---

---

**CAREER OBJECTIVES:**

Please explain your career and employment objective and the relationship between your academic program and your goals. Use additional pages if necessary.

---

---

---

---

---

**WORK EXPERIENCE:**

Please list work experience starting with current or most recent employment. Indicate dates, employer, and job responsibilities.

---

---

---

---

---

**FINANCIAL NEED:**

Please describe your financial need for this scholarship assistance.

---

---

---

---

**REFERENCES:**

Please list two references. One should be a teacher or a supervisor who would have knowledge of your ability to pursue the course of study you have selected.

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I authorize the use of my scholarship application in the evaluation process of the Southwest Cable Communications Association scholarship program. I declare that, to the best of my knowledge, the information provided on this form is correct and complete. I also authorize the release of publicity about me if I am the recipient of the scholarship.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**(If applicant is a dependent of a cable employee):**

I, the parent of the scholarship applicant, declare that, to the best of my knowledge, the information provided on this form is correct and complete, and I certify that the information regarding my employment within the cable industry is true and correct. I consent to the use of the information provided on this form in connection with scholarship program and consent to the release of publicity about my child if my child is the recipient of the scholarship.

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_

Applications and transcripts must be returned to the Southwest Cable Communications Association's office at: 4350 E. Camelback Rd. – Suite G-200, Phoenix, Arizona 85018 by **April 5, 2019.**