



The TCT Board of Directors is excited to announce the TCT scholarship program for 2024. Each year TCT's Board of Directors awards six, one-thousand dollar scholarships to high school senior students **whose parents or legal guardians are members of the Association.**

Students must completely fill out the TCT Scholarship Application Form, including signatures from their school counselor, school principal and legal guardian, and return it to the TCT by March 1, 2024.

Students are eligible if their parents' phone number begins with one of the following prefixes in the 785 area code: 257, 349, 366, 466, 479, 482, 497, 598, 949, 965, and 983. In the 620 area code, phone numbers must begin with the prefixes of 924, 767 or 787. Cellular phone numbers are excluded. Students must also have a GPA of 2.5 or higher and be planning to attend a four- year college, university, junior college, or trade school in the fall of 2024. Winners will be selected in a random drawing.

Scholarship applications are available on TCT's website, [www.tctelco.net/scholarships](http://www.tctelco.net/scholarships). Applications should also be available at area high schools.

Scholarship winners will be required to attend TCT's Annual Meeting of Members for the official presentation of their scholarship, the evening of March 26, 2024 at the Herington Community Building.

If you have any questions about the TCT Scholarship program, please contact Angie Schwerdtfeger at 620.767.9014 or via email at [aschwerdtfeger@tctkansas.net](mailto:aschwerdtfeger@tctkansas.net)

**2024 TCT BOARD SCHOLARSHIP PROGRAM APPLICATION**  
**P.O. BOX 299**  
**COUNCIL GROVE, KS 66846**  
**OR EMAIL TO: [aschwerdtfeger@tctkansas.net](mailto:aschwerdtfeger@tctkansas.net)**  
**DEADLINE TO SUBMIT APPLICATION MARCH 1, 2024**

**STUDENT'S NAME** \_\_\_\_\_

**HIGH SCHOOL** \_\_\_\_\_

**UNIVERSITY OR VOCATIONAL INSTITUTE YOU PLAN TO ATTEND**  
\_\_\_\_\_

**NAME OF PARENT OR LEGAL GUARDIAN\*** \_\_\_\_\_

**LANDLINE TELEPHONE NUMBER** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**STUDENT'S CUMULATIVE GPA** \_\_\_\_\_

**SCHOOL COUNSELOR'S SIGNATURE** \_\_\_\_\_

**SCHOOL PRINCIPAL'S SIGNATURE** \_\_\_\_\_

**STUDENT'S SIGNATURE** \_\_\_\_\_

**PARENT OR GUARDIAN'S SIGNATURE** \_\_\_\_\_

**\*Must be a Tri-County Telephone Association, Inc. Cooperative Member**

**(FOR OFFICE USE ONLY: TELEPHONE DISTRICT NUMBER \_\_\_\_\_)**