

**Do your parent(s) or legal guardian(s) reside within a Golden West telephone area and have our service?**

**Yes** (See communities and list of telephone prefixes in the Scholarship Rules and Guidelines).  
**If you checked yes, go on to question 2.**

**No** If you answered no, you're ineligible for the Golden West Scholarship.

Applicant's Name \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Class \_\_\_\_\_ Rank \_\_\_\_\_ GPA \_\_\_\_\_

Name / Address of High School \_\_\_\_\_

**School Attendance Record**

**Grade 9** \_\_\_\_\_ **Grade 11** \_\_\_\_\_

**Grade 10** \_\_\_\_\_ **Grade 12** \_\_\_\_\_

**School Office Held**

**Grade 9** \_\_\_\_\_

**Grade 10** \_\_\_\_\_

**Grade 11** \_\_\_\_\_

**Grade 12** \_\_\_\_\_

**School Activities**

**Grade 9** \_\_\_\_\_

**Grade 10** \_\_\_\_\_

**Grade 11** \_\_\_\_\_

**Grade 12** \_\_\_\_\_

**Honors and Awards** \_\_\_\_\_

**Community Service and Involvement** \_\_\_\_\_

**List Employment History in past 2 years** \_\_\_\_\_

**School you plan to attend** \_\_\_\_\_ **Major** (if known) \_\_\_\_\_

I declare and affirm that the applicant **MEETS THE ELIGIBILITY REQUIREMENT OF THEIR PARENT(S) OR LEGAL GUARDIAN(S) RESIDING WITHIN ONE OF THE GOLDEN WEST TELEPHONE SERVICE AREAS AND HAVE SERVICE WITH GOLDEN WEST**, and that this application has been completed in good faith and is, to the best of our knowledge, correct.

**Please return the completed form to the superintendent or principal by March 15, 2024.**

**At-Large applicants ONLY may email this form to [scholarships@goldenwest.com](mailto:scholarships@goldenwest.com).**

**Signature of Applicant** \_\_\_\_\_

**Signature of Parent / Guardian** \_\_\_\_\_

**Signature of Counselor** \_\_\_\_\_