



VISION COMMUNICATIONS ACADEMIC SCHOLARSHIP

SCHOLARSHIP CHARTER

Eligibility

Vision Communications will offer a maximum of 4 scholarships to selected applicants who meet the following criteria.

- Applicant (or parent/guardian of applicant) must be (1) a customer in good standing of Vision Communications or (2) a child of an employee of Vision Communications.
- Applicants may be graduates of home schooling, private or public high schools.
- Student must graduate with a minimum of 3.0 GPA out of a possible 4.0 on all high school subjects and a minimum of 21 ACT is required.
- Applicants should show evidence of leadership, character and service in both school and community.
- Pursuing a degree in telecommunications is preferred.
- There are no restrictions on the university that recipients attend.
- Financial need will be considered.

Selection

From those applicants who meet the criteria, an unspecified number of candidates will be selected for interview by the Vision Communications Scholarship Committee.

Scholarship Guidelines

- Scholarship Guidelines require that the recipient maintain at least a 3.0 Overall/Cumulative grade point average. At the end of each semester, grades and evidence of customer status, if applicable, should be sent to the Vision Communications Human Resources Department for review. Should a recipient be placed on Scholarship probation, only two probationary semesters, not consecutive, will be allowed.
- To remain on scholarship, recipients must maintain full-time student status.
- Scholarship funds expire if not collected within 8 years of high school graduation.
- If the scholarship recipient is the child of an employee of Vision Communications, the parent of the scholarship recipient must be an active employee during the scholarship period for the scholarship to continue.
- If the scholarship recipient is a customer (or the child of a customer) of Vision Communications, the recipient or his/her parents must remain in good standing during the scholarship period for the scholarship to continue.

Funds

Vision Communications will maintain the scholarship fund, issue checks to students and also retain full decision-making authority as needed in special scholarship situations.

The scholarship is currently valued at \$6,000 offered in \$750 per semester increments. Scholarship recipients must contact the Vision Communications Human Resources Department (985-693-4567) with proof of college enrollment and evidence of customer status, if applicable, to receive the first payment.

Vision Communications Academic Scholarship Application

The Vision Communications Scholarship Selection Committee reviews only complete applications. **Failure to complete this application or provide any of the requested information will result in the disqualification of the application.** We encourage you to call with any questions that you might have regarding the details of the application. Contact Celeste Sanamo at 985-693-0211 (8:00am – 4:30pm • Monday – Friday).

All scholarship applications must include the following:

CHECKLIST

- Application (4 pages) (included);
- Official transcript of high school record. In order for a transcript to be considered official, it must be signed by the high school Guidance Counselor or stamped with the official school seal.
- ACT Scores and/or SAT Scores Transcript(s);
- Two completed Teacher Recommendation Forms (included);
- A 300-500 word essay. The essay **must** address the following topics:
 - Discuss your career goals and objectives. Include a description of your plans after college.
 - What person or life experience has influenced your career decision?
 - What is your most proud achievement either academically or personally?
- A statement of financial need prepared by the applicant. Include any extraordinary considerations and a brief description of how you plan to finance your education;
- 2011 Federal Tax Return filed by your parents and you (if applicable). If 2011 Federal Tax Returns have not yet been filed, include 2011 W-2s and 2010 Tax Returns. Schedules need not be included unless your parents or you are self-employed.
- One yearbook-style (head and shoulders only) photograph of applicant. Photos of scholarship recipients will be used only for promotional purposes.

Applications can be mailed or dropped off in person.



Mail to: Vision Communications • Attn: Celeste Sanamo • PO Box 188 • Larose, LA 70373



Drop off: Vision Communications Customer Service Office • 115 West 10th Blvd. • Larose, LA 70373

Application Deadline date is Friday, March 16, 2012.
NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.

Applicant Data

Please Type or Print in Ink

A. Biographical Data			
Applicant's Name:	Last	First	Middle
Address:			
City:	State:	Zip:	
Telephone:	Date of Birth:		
B. Academic Record – Include School Transcript (certified original) and ACT or SAT Transcript:			
School:	Class Rank:		of
Seven Semester Cumulative GPA Unweighted (without Honors):			
ACT Scores: Math _____	English _____	Reading _____	Science _____ Composite _____
(SAT Optional) SAT Score Total: _____	Math _____	Verbal _____	
High School Counselor Signature:			
C. University you are planning to attend:			
Name of University you plan to attend:			State
Field of Study / Major:			
D. Anticipated expenses for the next academic year:			
Yearly Tuition:\$	Fees:\$		
Books:\$	Room/Board:\$		
Other / Explain: \$			
E. Family Data:			
Vision Communications Account Number(s):			
(Note: If you have multiple accounts, list all account numbers. Your application will be disqualified if it does not contain this information):			
Father:	Occupation:	Employer:	
Mother:	Occupation:	Employer:	
Siblings (Names and ages):			

TEACHER RECOMMENDATION
Vision Communications Academic Scholarship Application

Student's Name: _____

	No Basis for Judgment	Below Average	Average	Very Good (Top 10%)	One of Top Few Met in My Career
Interactive with peers					
Initiative / Motivation					
Intellectual Curiosity					
Creativity					
Self-confidence					
Leadership / Influence					
Responsibility					
Integrity					
Concern for others					
Respect for Differences					
Emotional maturity					
Reaction to Setbacks					
Respect of faculty					

Name of person completing form: _____ Position: _____

How long have you known the applicant and in what capacity?

Additional comments:

Upon completion of this student's evaluation, please place it in a sealed envelope. Write the student's name on the outside front and sign your name across the seal on the back.

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