



For Use by Cox Communications:

Date Received:
 Signature Counselor
 Remarks:

Cox Scholarship Application Form

Educational partnerships are an integral component of Cox Communications’ commitment to the communities we serve. To promote continuing education, The Cox Scholarship program recognizes exemplary high school seniors in our service communities. Student’s degree of study should be **consistent with the company’s vision to be the most trusted provider of communication and entertainment services in America.**

Eligible students **must** meet the following requirements:

- *Academic excellence.*
- *Strong community involvement.*
- *Expressed desire to pursue a degree in: **communications, telecommunications, engineering or technology.***
- *Live in or attend high school in Cox service areas (Rhode Island statewide and 19 cities & towns in Connecticut; Granby, East Granby, Windsor Locks, Suffield, Enfield, Somers, Stafford, Union, East Windsor, South Windsor, Manchester, Glastonbury, Wethersfield, Rocky Hill, Newington, Southington, Meriden, Cheshire and Hartland).*

Guidelines:

- *Complete this application and **submit it to your guidance counselor for signature.***
- *Attach a current high school **transcript & answer to part II of Application.***
- *Completed application must be received at Cox Communications no later than **March 5, 2012.***
- *Mail applications to Rosie Fernandez, Cox, 9 JP Murphy Hwy, West Warwick, RI 02893.*
- *Incomplete applications **will not be considered***

Part I (Please type or print clearly)

1. Name of Student	2. Date of Application
3. Name and Address of Current High School	4. Date of Birth (Month/Day/Year)
5. Home Address	6. Name and Address of Parent or Legal Guardian
7. Home Phone Number	8. Name and phone number of Guidance Counselor
9. Class Rank as of December 2011 _____ out of _____	10. College you are planning to attend
11. Planned area of concentration	12. Guidance Counselor’s Signature Date:

13. List **high school** activities, honors and accomplishments. (Attach sheet if necessary)

14. List any hobbies or interests:

15. List part-time and volunteer jobs you have held, including any at present (please be specific: if you have worked with Cox Community Access TV etc.)

16. List any social, civic, honorary or community organizations to which you belong and offices held: **(not school related please)**

17. List any colleges or universities to which you have applied or have been accepted and the area of your intended concentration. If possible, please indicate which school you will attend.

Part 2

18. On one separate sheet of paper, please answer the following question: **Describe the greatest impact on your community that you have made through one of your community service projects.**

I hereby certify that the above information is correct and accurate and is not intentionally misleading in any manner. Furthermore, I authorize Cox Communications to use my name and photograph for publicity purposes.

Student Signature

Print Name

Date

If student is under the age of 18, his/her parent or legal guardian is required to sign:

Parent or Guardian Signature

Print Name

Date