



502 Main Street • PO Box 130 • Union, IA 50258 • Phone 641-486-2211 • Fax 641-486-2205 • www.heartofiowa.coop

### Educational Grant

Participants must submit an electronic or handwritten application to the business office in Union on or before Tuesday, April 1, 2025, by 4:30 p.m. The application must state which college or vocational school the applicant plans to attend. He/She must list all extracurricular activities he/she has been involved in during his/her high school years. This list shall include school sponsored, community, and church activities.

- Parent or guardian of the educational grant applicant must have had Heart of Iowa Communications dial tone (voice) or Standalone LightNET service for at least **six (6) months** before the date of this notification and applicant must be living with said parent or guardian in one of the Cooperative or Ventures exchanges.
- Participants must be going on to either a two or four year accredited college or an accredited vocational school.
- Participants must be a senior in good standing in both the school and community.
- Participants must furnish a transcript of their grades along with the application.
- If Educational Grant recipient fails to complete at least one year of school he/she must repay to the Cooperative the \$500 Educational Grant he/she was awarded.
- All applicants must submit a head and shoulder **ONLY** senior photograph with their application. Photographs of recipients will not be returned to applicants.

### Attention Applicants...

Please provide the following information and submit this form along with your application, a current transcript (.PDF electronic file or printed copy) and your head and shoulder ONLY senior photograph (.jpg electronic file or printed copy) to [jpekarek@heartofiowa.coop](mailto:jpekarek@heartofiowa.coop)

**At the time of this application if you have been accepted or will be accepted to an educational institution to which you have applied for the 2025-2026 academic school year, please provide the name of that facility here:**

School: \_\_\_\_\_

**PLEASE NOTE-** If you have not received notification or letter of acceptance from the educational institution you are planning to attend for the 2025-2026 academic year at the time you are submitting this application, you must contact our office to confirm the school you will be attending.

#### By signing below

I, \_\_\_\_\_ (Student) reside in Heart of Iowa Communications Cooperative service area with my parent(s) or guardian(s) \_\_\_\_\_ (who has had active service for at least six (6) months).

**Parent/Guardian:** \_\_\_\_\_ **Student:** \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Phone 641-486-2211  
Fax 641-486-2205  
502 Main Street  
PO Box 130  
Union, IA 50258



Office Use Only: District # \_\_\_\_\_

**Please Note:** Should you need further assistance, please call Jenny at 641-486-2211 or email: [jpekarek@heartofiowa.coop](mailto:jpekarek@heartofiowa.coop).



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## 2025 Educational Grant Application Form

***NOTICE: This application MUST include a (.PDF electronic or printed copy) of your current transcript & a head & shoulder ONLY senior photograph (.jpg electronic file or printed copy)***

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Box # and/or Street City

Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name of Parent(s) or Guardian(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Activities during high school (in school and community) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What career objective or occupational plans have you considered? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College or Vocational School to which you have applied \_\_\_\_\_

***PLEASE NOTE-*** *If you have not received notification or letter of acceptance from the educational institution you are planning to attend for the 2025 -2026 academic year at the time you are submitting this application, you must contact our office to confirm the school you will be attending.*

**By signing below**

I, \_\_\_\_\_ (Student) reside in Heart of Iowa Communications Cooperative service area with my parent(s) or guardian(s) \_\_\_\_\_ (who has had active service for at least six (6) months).

**Parent/Guardian:** \_\_\_\_\_ **Student:** \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Application, transcript and photograph **MUST** be returned by email, regular postal mail or hand delivered to our office on or before **Tuesday, April 1, 2025 by 4:30 p.m.** Email or submit this form to [jpekarek@heartofiowa.coop](mailto:jpekarek@heartofiowa.coop). For additional information or questions, please call Jenny at 641-486-2211.