



Tom Kingsbery Memorial Scholarship

About the Scholarship

The Tom Kingsbery Memorial Scholarship Fund was established in 1999 in honor of Tom Kingsbery, who served on CCTC's Board of Directors for more than 35 years. Each year, CCTC awards three \$1,000 scholarships to eligible college students from our service area.

Application Deadline: July 6, 2026

Submit all materials via email to: scholarships@web-access.net

Confirmation of receipt will be sent by email.

Eligibility Requirements

1. Have parents or guardians with active CCTC service (telephone or internet) in our service area.
2. Hold a minimum 2.5 GPA.
3. Have completed at least one year at a post-secondary institution.
4. Demonstrate financial need.
5. Children or grandchildren of current CCTC employees or directors are not eligible.

Scholarship Checklist

Please include the following required materials:

- Complete application
- Brief essay titled: "How This Scholarship Will Help Me Achieve My Education/Career Goals."
- Two Letters of Recommendation
- Copy of Your Most Recent College Transcript (Unofficial is Accepted)
- Recent Headshot (no selfies)

Important Information

- Scholarships will be awarded without regard to race, creed, sex, or national origin.
- Each application will be reviewed by the Board of Directors.
- Scholarship funds will be paid directly to the recipient's institution.
- The application must be received by CCTC no later than July 6, 2026 and is valid for one year.
- For more information concerning the application, contact Amber Bouldin at 325-348-3124.



Tom Kingsbery Memorial Scholarship Application

(Please Print or Type)

Applicant's Name: FIRST _____ LAST _____

Address: _____

CITY _____ STATE _____ ZIP _____

Phone Numbers: HOME: _____ CELL: _____

Applicant's High School: _____

Graduation Date: _____

Applicant's College, Tech, or University: _____

College Mailing Address: _____

College ID Number: _____

College Major: _____

Parent/Legal Guardian Name: FIRST _____ LAST _____

Parent/Legal Guardian Name: FIRST _____ LAST _____

CCTC Member/Customer Account Number: _____

Applicant's Signature: _____ Date: _____