

XIT Rural Telephone Educational Program

Scholarship Recommendation Form

INSTRUCTIONS

① Please Print or Type

② Application must be in **XIT's HQ office** by **5:00 p.m., Wednesday, January 7, 2026.**

Name of Applicant _____

High School _____

City _____ State _____ Zip _____

Telephone Number _____ E-mail _____

Please fill out this recommendation and return to applicant.

All applications must be in the Dalhart HQ Office no later than 5:00 p.m., Wednesday, January 7, 2026. Applications received in the XIT offices after the deadline will not be considered.

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

Please state why you feel this applicant is qualified to receive this XIT scholarship. You should testify to the applicant's talent, financial need and seriousness of purpose.

Name of Person Completing Form _____

Title _____

Signature _____ Date _____

Please return form to applicant!