



Billy D. Young Memorial Scholarship Application
Independent Telephone Pioneer Association - MidSouth Chapter

Last Name First Name

(Circle the name you go by)

Middle Name

Street Address or P.O. Box

City State Zip

Date of Birth

Gender: Male Female

Email Phone

PARENT/GUARDIAN EMPLOYER INFORMATION

Parent/Guardian\*

Company Name Company Address

Company Contact Name Company Contact Email

\*Parent/Guardian must be employed by a member or associate member of TELSE or a member of the MidSouth Chapter of the Independent Telephone Pioneer Association.

HIGH SCHOOL/COLLEGE ATTENDING INFORMATION

School Name

School Address City State Zip

ACADEMIC INFORMATION

- Official cumulative GPA at the end of your high school JUNIOR YEAR based on the 4.0 Scale:
- Class Rank in high school at the end of your JUNIOR YEAR:
- Size of your entire high school class:
- If school does not rank students, ask Guidance Counselor for an alternative standard, such as top 1% of class:
- Type of School (Public, Private, Parochial, Home School)
- College Attending, if applicable:
- College GPA, if applicable:

**SCHOOL ACTIVITIES**

*List all school related activities (clubs, sports, newspaper staff, awards received, etc.)*

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**COMMUNITY ACTIVITIES**

*List any community or church related activities (volunteer work, church youth organizations, Boy/Girl Scouts, etc.)*

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**EMPLOYMENT ACTIVITIES**

*List all paid employment, including any summer jobs*

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**EXTRACURRICULAR ACTIVITIES**

*List any hobbies and interests that you have*

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*If more space is needed, please attach an additional sheet.*

**Please note:** Scholarship funds must be claimed by February 1 of the year following award, or scholarship funds will be forfeited (ex. award received May 2021 must be claimed by February 1, 2022).

Please provide your local media contact for scholarship award announcement:

Newspaper Name: \_\_\_\_\_

Newspaper City: \_\_\_\_\_ Email: \_\_\_\_\_

**Scholarship Application Scoring Metric**

Grades	25%
Activities/Overall Impression	25%
Essay	50%

\_\_\_\_\_  
*Signature of Parent/Guardian\**

**I AM A DEPENDENT OF ABOVE LISTED PARENT/GUARDIAN:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Checklist:** Application: \_\_\_\_\_ Essay: \_\_\_\_\_ Photo: \_\_\_\_\_

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