

**Joseph B. Chilen and Earl B. Williams
Pioneer Telephone Association, Inc.
Scholarship Application Form**

Date _____

Name _____

Address _____

City, State and ZIP _____

Phone Number _____

Parent(s) or Guardian* _____

Parent(s) Places of Employment _____

Names and ages of siblings living at home _____

Names of siblings currently attending college _____

Name and address of secondary education institution you plan to attend.

Name _____

Address _____

City, State and ZIP _____

Major field of study (if known) _____

Please attach a resume stating your future plans, activities you have participated in while in school, accomplishments and honors you have received and your employment experience.

Please provide a copy of your high school transcript with this application.

Complete applications should be submitted to the following address no later than **April 1 of each year:**

Pioneer Telephone Association, Inc.
Scholarship Committee
PO Box 707
Ulysses, Kansas 67880

*Parent or Guardian must be a Pioneer Communications telephone, cable television or Internet subscriber.