



**Joseph B. Chilen and Earl B. Williams
Memorial Scholarship Application**

Date: _____

Name: _____

Address: _____ Email address: _____

City, State, and Zip: _____

Phone Number: _____

Parent(s) or Guardian(s)*: _____

Parent(s) places of employment: _____

Names and ages of siblings: _____

Names of siblings currently attending college: _____

Name and address of secondary education institution you plan to attend: Name of institution: _____ Address: _____ City, State and ZIP: _____ Major field of study (if Known): _____

Please attach the following:

- (1) A resume outlining activities in which you have participated while in school, accomplishments and honors you have received, and your employment experience;
- (2) A short paragraph describing your future plans; and
- (3) A copy of your high school transcript.

Completed applications should be submitted and delivered via postal mail or express delivery service with a postmark of **December 31, 2019**, - OR - by electronic mail or fax by **December 31, 2019**.

Mail: **Pioneer Telephone Association, Inc.
Scholarship Committee
P. O. Box 707
Ulysses, Kansas 67880-0707**

Email: **lynda.caffey@pioncomm.net**
Fax: **(620) 424-3104**

* Student's parent or guardian must be a Pioneer Communications telephone, cable television or internet customer.
* Children of Pioneer Communications' employees are not eligible for this scholarship.