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  

Gender:  
Male  
Female  

Date of Birth  

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:  

www.midsouthitpa.org
SCHOOL ACTIVITIES
List all school related activities (clubs, sports, newspaper staff, awards received, etc.)

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

EMPLOYMENT ACTIVITIES
List all paid employment, including any summer jobs

EXTRACURRICULAR ACTIVITIES
List any hobbies and interests that you have

If more space is needed, please attach an additional sheet.
Please provide your local media contact for scholarship award announcement:

Newspaper Name: __________________________________________________________

Newspaper City: ___________________________ Email: ______________________

**Scholarship Application Scoring Metric**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>Grades</td>
<td>25%</td>
</tr>
<tr>
<td>Activities/Overall Impression</td>
<td>25%</td>
</tr>
<tr>
<td>Essay</td>
<td>50%</td>
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Signature of Parent/Guardian*

________________________________________

I AM A DEPENDENT OF ABOVE LISTED PARENT/GUARDIAN:   

Yes _____  No _____

**Checklist:**  

Application: _________  Essay: _________  Photo: _________