

Legacy West

pioneers
a volunteer network



Telecom Pioneers Arizona Chapter 66

PTCC – SACC

(Revised January 2026)

Name: _____
Last First MI

Home Address: _____
Street City State Zip

Telephone Number/Cell (text): _____

Email Address: _____

Date to graduate: _____

Included Documents: ☐ Transcripts/Documentation of GPA
☐ Acceptance Letter
☐ Essay

College or school to attend: _____

Accepted? ☐ Yes ☐ No

Date school will start: _____ **Course of study:** _____

Scholarship recipients will be announced by August 1, 2026.

I hereby give permission for the above announcement to be made, in case I am chosen as a recipient of a Scholarship Fund – Telecom Pioneers Arizona Chapter 66. I hereby certify that the material stated in this application is true to the best of my knowledge.

Signature of Applicant **Date**

Signature of Parent or Guardian if under 18 **Date**
(Use additional pages as needed)