

Legacy West

pioneers  
a volunteer network



**Telecom Pioneers Arizona Chapter 66**

**NMCC**

(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)