## **2024**AUXILIARY COLLEGE BOOK FUND SCHOLARSHIP

Student Applicant						
		Middle Initial	Last N	ame		
Student's Home Add	lress					
	PO Box	or Street Address or	RR address			
(City)	(State)	(Zip Code)	( Sta	( State County )		
Phone#		Email:				
Student's date of B	irth					
	(Month)	(Day)	(Year)	(Male)	(Female)	
Student's Relationsh (Daughter) (Son)	±	rcle One ) (Grandson)( Gre	eat Grandchild)	(Spouse)	or Self (Carrier)	
Is the Carrier a mem	ber of the NYRLO	CA? Yes	No			
Name of School or C	College to which t	he student is applyin	g:			
Address of School o	r College					
Anticipated Course	of Study for which	this Scholaship will be	e used			

## SEE REVERSE FOR REQUIREMENT FOR THIS SCHOLARSHIP

Send Scholarship form and Enrollment letter to: Chairman of Scholarships Lorna Delles

30750 State Rt.26

Theresa. New York 13691

## REQUIREMENTS FOR THE COLLEGE BOOK FUND SCHOLARSHIP

A statement from School showing that the student is enrolled as a Full Time or Part Time Or Graduate or Undergraduate student for the **2024 Fall Semester**.

The Statement letter and Scholarship form must be postmarked by June 1st.

Applicant must be the Carrier, a Spouse, Child or Grandchild, or Great Grandchild of a rural letter. Carrier and Parent or Spouse MUST be a member of the Family Dues Plan for one (1) full year.

(Do not request an Auxiliary dues refund for this period)

The only exceptions are:

- A. Parent or carrier is deceased; surviving parent or spouse must maintain membership. In the applicable organization.
- B. Single parent must also maintain membership.

Payments will be made directly to the College Book Fund recipient in 2024.