

2024

NYRLCA AUXILIARY MEMORIAL SCHOLARSHIP

Student Applicant: _____
(First Name) (Middle Initial) (Last Name)

Student's Home Address: _____
(PO Box # or Street Address or RR Address)

(City) (State) (Zip code) (County)

Phone# _____ Email: _____

Student's Date of Birth _____
(Month) (Date) (Year) (Male) (Female)

Parent/Carrier's Name; _____

Parent/Carrier's Address: _____

Student's Relationship to Carrier: **Circle One**
(Daughter) (Son) (Granddaughter) (Grandson) (Great Grandchild) (Spouse) or Self (Carrier)

Is the carrier a member of the NYRLCA? YES NO

Name of School or College to which the student is applying _____
Address of School or College _____

Anticipated course of study for which this scholarship will be used _____

SEE REVERSE FOR REQUIREMENT FOR THIS SCHOLARSHIP

Send scholarship form and Enrollment Letter to: Chairman of the Scholarships

Lorna Delles
30750 State Route 26
Theresa, New York 13691

2024

REQUIREMENTS FOR NYRLCA AUXILIARY MEMORIAL SCHOLARSHIP

A statement from the school showing that the student is enrolled as a full time or part time, Graduate or Undergraduate student for the **2024 Fall Semester**.

The Enrollment Letter and Scholarship form must be postmarked no later than June 1, 2023.

Applicant must be the Carrier, a Spouse, Child, or Grandchild or a 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 of time.)

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.

Payment will be made directly to the NYRLCA Auxiliary Memorial Scholarship recipient in the amount of \$ 1,000.

When the drawing takes place there will be three names drawn for the winners and three for the alternates.

This memorial scholarship is being presented for another year.