

NORTH CAROLINA RURAL LETTER CARRIERS'
AUXILIARY
SCHOLARSHIP APPLICATION
(Please read guidelines on back before completing application)

NAME: _____ AGE _____ DOB: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
SOCIAL SECURITY NUMBER: _____ / _____ / _____

I. PARENT/GRANDPARENT INVOLVEMENT

Name of Parent/Grandparent or Guardian: _____
Number of Years as Carrier: Which District: _____
Number of Years Active Membership in Association: _____
Number of Years Spouse Active in Auxiliary: _____
List Offices held in District or State Level of NCRLCA by Parent/Grandparent: _____

Number of Brothers and Sisters: _____ Ages _____
College Choice and / or Acceptance to: _____

Proposed area of Study _____
Status: Freshman __ Sophomore __ Junior __ Senior __

II. ACADEMIC ACHIEVEMENT

GPA _____ Class Rank _____ Number in Class _____

Special Recognition, Honors, Awards:

III. PARTICIPATION IN ACTIVITIES AND WORK

Juniors of NCRLCA:

School:

Community:

Church:

Work Experience: _____

IV. NEED: (Brief Explanation) _____

V. PERSONAL STATEMENT AND COMPOSITION: In your own words, explain why you wish to continue your education and include your career objectives: _____

VI. REFERENCE: Submit with this application. A current copy of your High School or College Transcript, a letter from the Advisor / Guidance Counselor / Teacher stating your academic standing, character and need verification.

PLEASE READ CAREFULLY: Application cannot be acted upon unless all items are either answered or designated not applicable.

****APPLICANT HAS NOT REACHED AGE 22 BY AUGUST 1, OF EACH YEAR APPLYING AND IS NOT MARRIED.**

**** APPLICATION AND NECESSARY FORMS MUST BE SUBMITTED NO LATER THAN JUNE 1ST OF EACH YEAR.**

Mail Application to:
Auxiliary of the NCRLCA
Sue Kelly / Secretary-Treasurer
4701 Main St
Linden, NC 28356

Any questions call Sue @ 910-980-0820

