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

NAME:		AGE	DOB:
ADDRESS:	STATE:	PHONE:	
CITY:	STATE:	ZIP:	
. PARENT/GRAN	DPARENT INVOLVEMENT		
Name of Parent/G	randparent or Guardian:		
Number of Years	randparent or Guardian:as Carrier: Which local District:		
Number of Years	Active Membership in Association	on:	
Number of Years	Spouse Active member in Auxilia	ary:	
List Offices held in I	District or State Level of NCRLC	A by Parent/Grandparent:	
Number of Brothe	rs and Sisters:	Ages	
College Choice ar	d / or Acceptance to:		
Status: Freshman	Study Sophomore Junior Seni IIEVEMENT s Rank Number in Cla nition, Honors, Awards: NN IN ACTIVITIES AND WO	or	
Scnool:			
Community:			
Church:			
Work Experience	:		
*			

- 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 **current** letter from the Advisor / Guidance Counselor / Teacher stating your academic standing, character and need verification.
- VII. A scholarship check will not be issued to a winner until proof of full time enrollment in the chosen school is verified by the Auxiliary Secretary/Treasurer.

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

****APPLICANT HAS NOT REACHED** <u>AGE 22</u> 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.

** Auxiliary of the NCRLCA** Sue Kelly / Secretary-Treasurer 4701 Main Street Linden, NC 28356 910-980-0820 or 910-890-2804

NCRLCA 11/2019