

**2011  
NEW YORK RURAL LETTER CARRIERS' ASSOCIATION AUXILIARY  
SCHOLARSHIP APPLICATION**

Student Applicant: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Student's Home Address: \_\_\_\_\_  
( PO Box # or Street Address or RR address)

Phone#: \_\_\_\_\_  
( City ) ( State ) ( Zip Code ) ( County )

Student's Date of Birth: \_\_\_\_\_  
( Month ) ( Day ) ( Year ) ( Male ) — ( Female )

Parent/Carrier's Name: \_\_\_\_\_

Parent/Carrier's Address: \_\_\_\_\_

Student's Relationship to Carrier: \_\_\_\_\_

Is the carrier a member of the NYRLCA? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of School to which the student is applying: \_\_\_\_\_

Address of School: \_\_\_\_\_

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

List three (3) references that I can expect to receive in the near future ( school, clergy, and business).  
( See No.2 on reverse page).

1. \_\_\_\_\_  
( Name ) ( Address ) ( Position )

2. \_\_\_\_\_  
( Name ) ( Address ) ( Position )

3. \_\_\_\_\_  
( Name ) ( Address ) ( Position )

SEE REVERSE FOR REQUIREMENT FOR THIS SCHOLARSHIP.

**Send scholarships and references to:  
Chairman of the Scholarship Committee:**

**Lorna Delles  
30750 NYS Rt. 26  
Theresa, New York 13691**

## REQUIREMENTS

1. Must be postmarked no later than June 1<sup>st</sup>.
2. Provide for three (3) letters of recommendation. Recommendations can be mailed directly to the Chair of the Scholarship Committee by the person making the recommendation OR can be gathered by the applicant and mailed along with the application.
3. If scholarship recipient fails to complete a semester, the scholarship shall be terminated.
4. A statement from the school showing that the student is enrolled as a full time or part time, Graduate or undergraduate student for each semester is required by October 1<sup>st</sup> and February 1<sup>st</sup> respectively.
5. Applicant must be a spouse, child, or grandchild of a Rural Carrier and Parent or spouse MUST be a member of the Family Dues Plan for one (1) full year prior to application and Maintain membership for a minimum of three (3) years following the award. ( 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.
6. Payments will be made directly to the scholarship recipient in the amount of \$200 at the start of each semesters for two (2) semesters for the school year awarded. This amount may be adjusted based on the available funds and the number of scholarships awarded.
7. Applicant must submit a new scholarship application for each subsequent year they wish to be considered for this award..
8. Prior recommendations on file are accepted. The applicant must verify with the current Chairman of the Scholarship Committee that prior recommendations are in fact on file. If they are not on file for any reason, the applicant must provide new references as determined By the Chairman of the Scholarship Committee.
9. The Auxiliary Executive Board has the final decision and will use its discretion in special cases.
10. A Board Member of the Auxiliary will be selected as Chairman of the Scholarship Committee.