

# ORRLCA MEMORIAL SCHOLARSHIP AWARD APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Last 4 digits of Social Security# \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name of High School attended or attending now: \_\_\_\_\_

Address \_\_\_\_\_

Check One for Sponsor:      Regular Carrier \_\_\_\_\_ Retired \_\_\_\_\_ Relief Carrier \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Last 4 digits of Sponsor's Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_

Sponsor's Address, if different then applicant's:

\_\_\_\_\_

Name of College, University, Technical/Vocational School planning to attend or presently attending: \_\_\_\_\_

Address of School:

\_\_\_\_\_

Course of study you plan to follow: \_\_\_\_\_

**APPLICATION MUST BE RECEIVED BY JUNE 1<sup>st</sup> OF AWARD YEAR**

**MAIL TO:**

Chuck Bauer, Oregon Auxiliary Secretary/Treasurer  
16941 S. Howards Mill Rd, Beavercreek, OR 97004-8658