2025 AUXILIARY COLLEGE BOOK FUND SCHOLARSHIP

Student Applicant _					
	First Name	Middle Initial	Last 1	Name	
Student's Home Ad	ldress				
	PO Box	or Street Address or	RR address		
(61.)	(0,)	(7' 0.1)	(0)		
(City)	(State)	(Zip Code)	(State County)		
Phone#		Email:			
Student's date of I	Birth				
	(Month)	(Day)	(Year)	(Male)	(Female)
Parents/Carrier's Na	ame				
Parents/Carrier's A	ddress				
Student's Relations (Daughter) (Son)	•	r cle One (Grandson) (Gre	at Grandchild)	(Spouse)	or Self (Carrier)
Is the Carrier a mer	nber of the NYRLO	CA? Yes	No		
Name of School or	College to which t	he student is applyin	ıg:		
Address of School	or College				
Anticipated Course	of Study for which	this Scholaship will b	e used		

SEE REVERSE FOR REQUIREMENT FOR THIS SCHOLARSHIP

Send Scholarship form and Enrollment letter to:
Chairman of Scholarships
Lorna Delles
30750 State Rt.26
Theresa. New York 13691

2025 REQUIREMENTS FOR THE COLLEGE BOOK FUND SCHOLARSHIP

A statement from School showing that the student is enrolled as a Full Time or Part Time Or Graduate or Undergraduate student for the **2025 Fall Semester.**

The Statement letter and Scholarship form must be postmarked by June 1st.

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

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.

Payments will be made directly to the College Book Fund recipient of 2025.