## AUXILIARY COLLEGE BOOK FUND SCHOLARSHIP

## Student Applicant **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First Name Middle Initial Last Name

Student's Home Address

PO Box or Street Address or RR address

(City) (State) ( Zip Code ) ( State County )

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Student's date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Month)

(Day)

(Year)

(Male)

-

(Female)

Parents/Carrier's Name

Parents/Carrier's Address

Student's Relationship to Carrier: **Circle One**

(Daughter) (Son) ( Granddaughter ) ( Grandson) ( Great Grandchild) ( Spouse) or Self (Carrier)

Is the Carrier a member of the NYRLCA? Yes\_\_\_\_\_ No\_\_\_\_\_\_

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

Address of School or College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Course of Study for which this Scholaship will be 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

**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:

1. Parent or carrier is deceased; surviving parent or spouse must maintain membership.

In the applicable organization.

1. Single parent must also maintain membership.

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