**NYRLCA AUXILIARY MEMORIAL 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) ( County )

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

Student's Date of Birth **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Month) (Date) (Year) ( Male ) ( Female )

Parent/Carrier's Name; **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/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 scholarship will be used\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEE REVERSE FOR REQUIREMENT FOR THIS SCHOLARSHIP**

Send scholarship form and Enrollment Letter to:

Chairman of the Scholarships

Lorna Delles

30750 State Route 26

Theresa, New York 13691

# **REQUIREMENTS FOR NYRLCA MEMORIAL SCHOLARSHIP**

A statement from the school showing that the student is enrolled as a full time or part time,

 Graduate or Undergraduate student for the **2025 Fall Semester.**

 The Enrollment Letter and Scholarship form must be postmarked no later than June 1st.

Applicant must be the Carrier, a Spouse, Child, or Grandchild or a Great Grandchild of a Rural letter

Carrier and Parent or spouse MUST be a member of the Family Dues Plan for one (l) full year.

 (Do not request An Auxiliary dues refund for this period of time.)

 The only exceptions are:

1. Parent or carrier is deceased; surviving parent or spouse must maintain membership in the applicable organization.
2. Single parent must also maintain membership.

Payment will be made directly to the NYRLCA Memorial Scholarship recipient in the amount of $ 1,000.

When the drawing takes place there will be three names drawn for the winners and three for the alternates.

This memorial scholarship is being presented for another year.