



## APPLICATION – Retired Letter Carriers

NAME \_\_\_\_\_  
(Last) (First) (Middle Initial)

ADDRESS: \_\_\_\_\_  
(Street, City, State, Zip)

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number: \_\_\_\_\_

### ADDITIONAL INFORMATION:

Class of studies: \_\_\_\_\_

Name of school or university: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip)

Post office where employed: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip)

Branch Name: \_\_\_\_\_ Branch Number: \_\_\_\_\_

NALC Auxiliary member's name: \_\_\_\_\_  
(Only if applicable)

Address: \_\_\_\_\_  
(Street, City, State, Zip)

Auxiliary Name: \_\_\_\_\_ Auxiliary Number: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Mail Application to:  
**Colorado Letter Carriers**  
**PO Box 82**  
**Ault, CO 80610**

**\*This application must be received by the Scholarship Chairperson by February 1<sup>st</sup> of each year.**