



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 1st of each year.**