

The Auxiliary Scholarship Award Application

Date _____

Name _____ Birthdate _____

Last 4 digits of Social Security# _____ Phone # _____

Address _____

Name of High School attended or attending now: _____

Address _____

Check One for Sponsor: Regular Carrier _____ Retired _____ Relief Carrier _____

Sponsor's Name: _____

Last 4 digits of Sponsor's Social Security # _____ Phone # _____

Sponsor's Address, if different then applicant's: _____

Name of College, University, Technical/Vocational School planning to attend or presently attending: _____

Address of School: _____

Course of study you plan to follow: _____

APPLICATION MUST BE RECEIVED BY JUNE 1st OF AWARD YEAR

MAIL TO:

Chuck Bauer, Oregon Auxiliary Secretary/Treasurer
16941 S. Howards Mill Rd, Beavercreek, OR 97004-8658