

THE SOUTH CAROLINA LETTER CARRIER SCHOLARSHIP

School Information

Name of Student _____
School _____
School Address _____
City, State, Zip _____
Telephone _____
Entrance Date _____
Graduation Date _____
Student's Ranking in Class _____
SAT Score _____

Please have this signed by the school principal or teacher.

Signature _____ Date _____

Family Data Sheet

Applicant Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Father's Name: _____ Occupation: _____ Salary: _____

Mother's Name: _____ Occupation: _____ Salary: _____

Member of NALC Branch Number: _____

Others in Household (Siblings, Grandparents, etc.)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

List Colleges & Universities to which you have applied:

Name & Address	Tuition/Room & Board Costs	Accepted

What will your field of study be? _____

What other financial plans have you made for your education? _____

State in your own handwriting why you desire to be awarded this scholarship. Include financial needs, goals, etc.