

Gerald Patrick Gaskin Scholarship

Application Form

Please accept my application for the Gerald Patrick Gaskin Scholarship sponsored by the Arizona State Association of Letter Carriers (ASALC). I am a dependant child under the age of 23 of an active, retired or deceased ASALC member.

Letter Carrier (Name): _____

Applicant Name: _____

Social Security Number: _____

Applicant Address: Street _____

City _____ State _____ Zip Code _____

Phone Number: (_____) _____

Signature of Applicant

Date

(Certifies that all rules and regulations are understood and agreed to.)

Branch Number: _____ Branch City/Name: _____

Signature of Branch President or Secretary

Date

(Certifies member is in good standing.)

THE FOLLOWING MUST ACCOMPANY THE APPLICATION:

- PROOF OF AGE
- PROOF OF ACCEPTANCE TO ACCREDITED COLLEGE, OF CURRENT YEAR

Application must be received by June 30 of the current year.

MAIL APPLICATION TO:
Gerald Gaskin Scholarship Committee
C/O NALC Branch 704
2950 N. Country Club Road
Tucson, AZ. 85716-1912