



**Texas State Association of Letter Carriers**  
**Pete Goodman / Anne Jefferson / Doug Meador /**  
**T.T. Morris / Mary Granados / Eugene Gates Jr.**  
**Memorial Scholarships Eligibility Criteria**



1. The applicant must be the son, daughter, grand child, step-child or foster child with legal guardianship, or an active, retired or deceased Letter Carrier.
2. The applicant's parent, if living, must be eligible voting member of the TSALC with at least one years membership prior to making application. If deceased, applicant's parent must have been an eligible voting member with at least one years membership prior to death.
3. The applicant must be a high school senior when making application and must submit the attached forms to the TSALC Scholarship Committee C/O TSALC Secretary at the address indicated on this letter. **The application must be signed by the applicant, the applicant's eligible parent, step-parent, grandparent AND the Branch Secretary or Treasurer of the NALC branch.**
4. Applicants are judged on the basis of their secondary scholastic records, personal qualifications and reference letters from teachers, church leaders, employers, etc. that may offer additional information for consideration.
5. **To be eligible for full consideration of the scholarship award, ALL OF THE FOLLOWING MUST BE SUBMITTED.**
  1. **The Pete Goodman / Anne Jefferson / Doug Meador / T.T. Morris / Mary Granados / Eugene Gates Jr. Memorial Scholarships Application.**
  2. **The TSALC Scholarship questionnaire**
  3. **Official certified school transcripts showing grade point average, rank in class and at least a portion of the grades for the senior year.**

**The deadline for submitting this information is May 31, 2026**

6. Six (6) \$2,000 scholarships are awarded each year. The scholarships are good for one (1) year only. The winners will be announced at the State Convention in odd-numbered years and by other means in even-numbered years. The Scholarship
7. Committee will consist of the TSALC President, Vice-President, Director of Education, Director of Retirees and the TSALC Auxiliary President.
8. The Scholarship recipients may attend an accredited college or trade school of their choice. Proof of acceptance must be provided to the TSALC Secretary by July 15, 2026. The award money is deposited with the college selected by the student to be credited to an account in their name to be drawn upon according to the rules and regulations as established by the college. The award may be used for all college fees including room and board.
9. If a Scholarship recipient decides not to attend college in the fall following graduation, the scholarship will be awarded to the first available alternate. If a recipient suffers a certified serious illness and is unable to attend as scheduled, the award will be held in abeyance for not more than one (1) year from the date originally scheduled.

**All completed forms and other  
information must be received  
by May 31, 2026 and mail to:**

TSALC Secretary  
C/O Scholarship Committee  
PO BOX 57081  
Webster, TX 77598-7081

**tracking is recommended**



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Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle)

I am the:  Son  Daughter  Step (Son/Daughter)  Foster (Son/Daughter)

of an eligible voting:  Letter Carrier  retired Letter Carrier  deceased Letter Carrier

who is / was a member of Branch \_\_\_\_\_

Home address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

High School now attending: \_\_\_\_\_

High School Address: \_\_\_\_\_

Signature of applicant \_\_\_\_\_ e-mail \_\_\_\_\_ Social Security Number \_\_\_\_\_

My parent is a Letter Carrier at: \_\_\_\_\_

Station Address: \_\_\_\_\_

Signature of NALC Parent \_\_\_\_\_ Social Security Number \_\_\_\_\_

I certify that the above parent is a member of Branch \_\_\_\_\_ and as of this date is a member in good standing of the Branch.

Signature of the NALC Branch Secretary or Treasurer \_\_\_\_\_ Date \_\_\_\_\_

Is the other parent a member of an Auxiliary Branch ? Yes  No

If yes, Auxiliary Branch Member's Name: \_\_\_\_\_

I certify that the above named is a member in good standing of Auxiliary Branch # \_\_\_\_\_

Signature of Auxiliary Secretary or Treasurer \_\_\_\_\_ Date \_\_\_\_\_

**All supporting documentation must be submitted along with this application as outlined in the rules.**



# TSALC SCHOLARSHIP QUESTIONNAIRE



NOTE: The selection of scholarship recipients will be influenced by the completeness of your replies, neatness and legibility.

Please type or print- using black ink.

## YOU THE APPLICANT

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Applicant's Legal Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

## YOUR FAMILY

Father's Legal Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ If deceased, give year of death : \_\_\_\_\_

Occupation: **Please be specific about his position and what he does or did do:**

Company Name: \_\_\_\_\_

Mother's Legal Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ If deceased, give year of death : \_\_\_\_\_

Occupation: **Please be specific about her position and what she does or did do:**

Company Name: \_\_\_\_\_



# TSALC SCHOLARSHIP QUESTIONNAIRE



## YOUR FAMILY CONTINUED

Name and Ages of Siblings:

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If someone other than your father or mother supports you, please complete the following:

Legal Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you : \_\_\_\_\_

Occupation: **Please be specific about his position and what he does or did do:**

Company Name:

## EDUCATION

List all the schools that you attended in the last four years, including summer or special courses, beginning with your most recent.

Name of School / Location	Dates Attended	Grade & Any Certificates or Recognition

## School Activities

List all clubs, organizations and activities in which you participated at your school (such as yearbook, debate team, drama, foreign language club, student government, art, etc...)

Activity	Dates Participated	Offices Held	Special Awards or Honors

## Sports

List sport(s) in which you participated.

Sport	Dates Participated	Position	Special Awards or Honors



# TSALC SCHOLARSHIP QUESTIONNAIRE



## Community Activities

List any community activities in which you participated without pay (such as hospital volunteer work, church volunteer work, hot lines and outreach programs).

Type of Work	Agency or Organization	Dates Participated	Special Awards

## Employment

List all jobs held in the last three or four years.

Position Held	Employer & Location	Dates Participated	# of Hours

## Career Goals

Please answer the following questions as best as able. You will not be penalized if you are undecided, but please try to give an idea of what your college goals are.

What Course of study (major) have you decided on? (You may indicate more than one or answer "undecided".)

Do you plan to go on to attend graduate school or professional school after college? (Please give details if answering yes.)

Have you decided upon a future occupation? (Please specify your answer if yes.)



# TSALC SCHOLARSHIP QUESTIONNAIRE



## Miscellaneous

Which of your experiences, academic or other, has given you the greatest satisfaction? Why?  
(Note: Be concise with your answers. Limit yourself to the space provided.)

Please explain your opinion about organized Labor. Is it beneficial or not? Is it outdated? If Labor had never organized, what would it be like to work in America?

What books or articles have you read within the last six months?

School Assignments	Personal Reading

Which reading made the most impact on you and why?