



ORRLCA AUXILIARY SCHOLARSHIP APPLICATION

Applicant Information

Full Name: _____ DOB: _____
Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Sponsor Information (ORRLCA Member)

Sponsor Name: _____
Sponsor Address: _____
City: _____ State: _____ Zip: _____
Sponsor Phone: _____ Office/Route: _____

College / School Information

Name of College, Technical, or Vocational School Attending or Planning on Attending:

School Address: _____
City: _____ State: _____ Zip: _____
Course of Study / Major: _____

Certification

I certify that the information provided is accurate and complete.
Funds will be issued in the name of the institution upon verification.
Applicant Signature: _____ Date: _____
Sponsor Signature: _____ Date: _____

APPLICATIONS MUST BE RECEIVED BY JUNE 1 OF THE AWARD YEAR.

Mail to: State Auxiliary Secretary/Treasurer | Devin Vain
35538 Oak View Dr | Brownsville, OR 97327