



## ORRLCA MEMORIAL 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: ORRLCA State Secretary/Treasurer | Scott Murahashi

P.O. Box 96 | Odell, OR 97044