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: State Auxiliary Secretary/Treasurer | Devin Vain

35538 Oak View Dr | Brownsville, OR 97327