



APPLICATION

NAME _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street, City, State, Zip)

SSN: _____ - _____ - _____ Phone Number: _____

ADDITIONAL INFORMATION:

Class level next fall: _____ Major: _____

Name of school or university: _____

Address: _____
(Street, City, State, Zip)

PARENT or GRANDPARENT INFORMATION

NALC member's name: _____ SSN: _____ - _____ - _____

Address: _____
(Street, City, State, Zip)

Post office where employed: _____

Address: _____
(Street, City, State, Zip)

Branch Name: _____ Branch Number: _____

NALC Auxiliary member's name: _____
(Only if applicable)

Address: _____
(Street, City, State, Zip)

Auxiliary Name: _____ Auxiliary Number: _____

Applicant's signature: _____

Father's signature: _____

Mother's signature: _____

Mail Application to:
Evelyn Pisani
6010 W. 39th Place
Wheat Ridge, CO 80033

***This application must be received by the Scholarship Chairperson by the deadline each year. Applications must be mailed along with necessary attachments and not emailed. Please visit www.cosalc.org if you have additional questions or for contact information.**