



## 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](http://www.cosalc.org) if you have additional questions or for contact information.**