

Lemonopoulos Scholarship Application

(Please print clearly)

Date _____

Check if renewal

Please send details on how I can compete for a scholarship award.

son retired

I am the of active letter carrier _____

daughter deceased

(Name)

of Branch No. _____ City _____ State _____

My name is _____

My home address is _____

City _____ State _____ Zip _____

Signature of NALC parent member
(or spouse if deceased)

Signature of branch officer

NALC parent's Social Security No.

Title

Date