



Application for the John H. Haake Scholarship Award



Fill out and mail to: John H. Haake, Branch 343
Scholarship Committee
1600 S. Broadway
St. Louis, MO 63104



Date \_\_\_\_\_

(Please print clearly)

Please send instructions as to how I can compete for a scholarship award. I will be a senior in the 2017-2018 school year.

I am the ( son ) of ( active ) letter carrier \_\_\_\_\_ (Name)
(daughter) (deceased) (retired)

My name is \_\_\_\_\_ Home phone \_\_\_\_\_

My home address is \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of NALC parent member (or spouse if deceased)

NALC Parent's SS number \_\_\_\_\_ Date \_\_\_\_\_

Signature of Branch Officer
Title \_\_\_\_\_ Date \_\_\_\_\_
(For Office Use Only)

THIS FORM MUST BE POSTMARKED BY DEC. 31, 2017.

NOTICE FOR THE 2018 MISSOURI STATE ASSOCIATION OF LETTER CARRIERS CHARLES J. COYLE SCHOLARSHIP AWARD

DATE \_\_\_\_\_ I am the son/daughter of active/retired/deceased letter carrier \_\_\_\_\_ of Branch # \_\_\_\_\_, state of Missouri. I am a high school senior in this 2017-2018 school year. Please send instructions as to how I can compete for a scholarship award.

NAME OF APPLICANT \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

SIGNATURE OF NALC PARENT \_\_\_\_\_

SS# OF NALC PARENT \_\_\_\_\_

MAIL COMPLETED FORM TO: MISSOURI STATE ASSOCIATION OF LETTER CARRIERS CHARLES J. COYLE SCHOLARSHIP COMMITTEE c/o Kevin Holmes, President 212 Strathmoor Way O'Fallon, MO 63368-7227

NOTICE: MUST BE POSTMARKED BY DECEMBER 31, 2017.