

PAUL RAYMOND MEMORIAL SCHOLARSHIP APPLICATION 2010

Student Name: _____ Telephone number: _____

Address: _____ City, State, Zip: _____

If you are not a postal employee, please provide the name of your parent or grandparent who are current employees or retired postal employees: _____

Name of college or trade school you will be attending: _____

Estimated annual cost of tuition, room and board and fees: \$ _____

College major: _____

Extracurricular/School activities:

Community Service:

Estimated household income: \$ _____

Number of family members who will be attending college in 2010/2011 *not including* yourself: _____

Amount of scholarship or financial aid you have received: \$ _____

Name of current employer: _____ Phone #: _____ Dates of employment: _____

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

You must supply the following information along with this completed application:

- **If currently enrolled, copy of your last semester grades**
- **Copy of acceptance letter if you are a high school senior or an incoming student and grades.**

Applications are to be postmarked no later than Friday May 21, 2010

Mail to: Credit Union Scholarship Selection Committee, 225 Liberty Street, Brockton, MA 02301