

# Alvin Downs Scholarship

## SCHOLARSHIP APPLICATION 2024

Awarded annually, as funds are available, to a child or grandchild of a Rural Carrier (regular, substitute, retired, or widow) who is a member in good standing of the Georgia Rural Letter Carrier's Association and Auxiliary. Applicant must be under 21 years of age and unmarried.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_ SS No. \_\_\_\_\_ and/or \*School ID# \_\_\_\_\_

Age as of 8/01/24 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of GARLCA member \_\_\_\_\_ (circle one) Parent or Grandparent

Address \_\_\_\_\_ District \_\_\_\_\_  
Street City State/Zip Code (Must Complete)

Most recent High School or College/Technical School attended:

School \_\_\_\_\_ Date Last Attended \_\_\_\_\_

Name and location of College or Technical School where you will be enrolled during the Fall Semester/Quarter of the current calendar year:

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Mailing Address for Financial Aid or Scholarship/Grant Office \_\_\_\_\_

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Academic Major or Program of Study to be pursued \_\_\_\_\_

Are you currently receiving or anticipate receiving scholarship funds or financial assistance from another source? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, explain:

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\*If you know your school ID Number please include, if not include your SS number only.

The following item **MUST be received** with this application. Failure to include all items will result in automatic disqualification.

1. Brief statement of educational and career goals.
2. Brief statement or list of extracurricular activities. Include Junior involvement, if any.
3. Transcript with cumulative GPA from current high school or college/technical school.
4. Two letters of recommendation from a teacher, counselor, civic, community, religious organization leader, or a Georgia Rural Letter Carrier or Auxiliary member. These individuals cannot be a family member.

**CERTIFICATION: I certify that the information I have given is true and accurate. If I Accept the Scholarship funds, and I then discontinue my Education during the period that I am using these funds, I Agree to repay the amount of the Scholarship to the GARLCA Auxiliary.**

_____ Applicant Signature	_____ Parent Signature
_____ Date	_____ Date

Applications are reviewed by the Scholarship Committee. Awards are presented at the Georgia Rural Letter Carriers' Association State Convention. Recipients are notified by mail and scholarship checks are mailed directly to the college or technical school.

All original required information must be attached to this application and returned in one package to the address below. **All scholarship information MUST BE POSTMARKED by 12:00 Midnight on June 1.**  
No E-Mails or Fax.

MAIL APPLICATION PACKAGE TO: **Lynn Williams, Vice President  
GARLCA Auxiliary  
3074 Stallings Rd.  
Valdosta, Georgia 31605**