



Texas State Association of Letter Carriers
Pete Goodman / Anne Jefferson / Doug Meador /
T.T. Morris / Mary Granados / Eugene Gates Jr.
Memorial Scholarships Eligibility Criteria



1. The applicant must be the son, daughter, grand child, step-child or foster child with legal guardianship, or an active, retired or deceased Letter Carrier.
2. The applicant's parent, if living, must be eligible voting member of the TSALC with at least one years membership prior to making application. If deceased, applicant's parent must have been an eligible voting member with at least one years membership prior to death.
3. The applicant must be a high school senior when making application and must submit the attached forms to the TSALC Scholarship Committee C/O TSALC Secretary at the address indicated on this letter. **The application must be signed by the applicant, the applicant's eligible parent, step-parent, grandparent and the Branch Secretary or Treasurer of the NALC.**
4. Applicants are judged on the basis of their secondary scholastic records, personal qualifications and reference letters from teachers, church leaders, employers, etc. that may offer additional information for consideration.
5. **To be eligible for full consideration of the scholarship award, ALL OF THE FOLLOWING MUST BE SUBMITTED.**
 1. The Pete Goodman / Anne Jefferson / Doug Meador / T.T. Morris / Mary Granados / Eugene Gates Jr. Memorial Scholarships Application.
 2. The TSALC Scholarship questionnaire
 3. Official certified school transcripts showing grade point average, rank in class and at least a portion of the grades for the senior year.

The deadline for submitting this information is May 31, 2026

6. Six (6) \$2,000 scholarships are awarded each year. The scholarships are good for one (1) year only. The winners will be announced at the State Convention in odd-numbered years and by other means in even-numbered years. The Scholarship
7. Committee will consist of the TSALC President, Vice-President, Director of Education, Director of Retirees and the TSALC Auxiliary President.
8. The Scholarship recipients may attend an accredited college or trade school of their choice. Proof of acceptance must be provided to the TSALC Secretary by July 15, 2026. The award money is deposited with the college selected by the student to be credited to an account in their name to be drawn upon according to the rules and regulations as established by the college. The award may be used for all college fees including room and board.
9. If a Scholarship recipient decides not to attend college in the fall following graduation, the scholarship will be awarded to the first available alternate. If a recipient suffers a certified serious illness and is unable to attend as scheduled, the award will be held in abeyance for not more than one (1) year from the date originally scheduled.

**All completed forms and other
information must be received
by May 31, 2026 and mail to:**

TSALC Secretary
C/O Scholarship Committee
PO BOX 57081
Webster, TX 77598-7081

tracking is recommended



**Texas State Association of Letter Carriers The
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Applicant's Name: _____
(Last) (First) (Middle)

I am the: ☐ Son ☐ Daughter ☐ Step (Son/Daughter) ☐ Foster (Son/Daughter)

of an eligible voting: ☐ Letter Carrier ☐ retired Letter Carrier ☐ deceased Letter Carrier

who is / was a member of Branch _____

Home address: _____

City / State / Zip: _____ Phone #: _____

High School now attending: _____

High School Address: _____

Signature of applicant _____ e-mail _____ Social Security Number _____

My parent is a Letter Carrier at: _____

Station Address: _____

Signature of NALC Parent _____ Social Security Number _____

I certify that the above parent is a member of Branch _____ and as of this date is a member in good standing of the Branch.

Signature of the NALC Branch Secretary or Treasurer _____ Date _____

Is the other parent a member of an Auxiliary Branch ? Yes ☐ No ☐

If yes, Auxiliary Branch Member's Name: _____

☐ I certify that the above named is a member in good standing of Auxiliary Branch # _____

Signature of Auxiliary Secretary or Treasurer _____ Date _____

All supporting documentation must be submitted along with this application as outlined in the rules.



TSALC SCHOLARSHIP QUESTIONNAIRE



NOTE: The selection of scholarship recipients will be influenced by the completeness of your replies, neatness and legibility.

Please type or print– using black ink.

YOU THE APPLICANT

Date of Birth: _____

Age: _____

Gender: _____

Applicant's Legal Full Name: _____

Home Address: _____

City / State / Zip: _____

Phone: _____ Date of Graduation: _____

YOUR FAMILY

Father's Legal Full Name: _____

Home Address: _____

City / State / Zip: _____

Phone: _____ If deceased, give year of death : _____

Occupation: **Please be specific about his position and what he does or did do:**

Company Name: _____

Mother's Legal Full Name: _____

Home Address: _____

City / State / Zip: _____

Phone: _____ If deceased, give year of death : _____

Occupation: **Please be specific about her position and what she does or did do:**

Company Name: _____



TSALC SCHOLARSHIP QUESTIONNAIRE



YOUR FAMILY CONTINUED

Name and Ages of Siblings:

If someone other than your father or mother supports you, please complete the following:

Legal Full Name: _____

Home Address: _____

City / State / Zip: _____

Phone: _____ Relationship to you : _____

Occupation: **Please be specific about his position and what he does or did do:**

Company Name: _____

EDUCATION

List all the schools that you attended in the last four years, including summer or special courses, beginning with your most recent.

Name of School / Location	Dates Attended	Grade & Any Certificates or Recognition

School Activities

List all clubs, organizations and activities in which you participated at your school (such as yearbook, debate team, drama, foreign language club, student government, art, etc...)

Activity	Dates Participated	Offices Held	Special Awards or Honors

Sports

List sport(s) in which you participated.

Sport	Dates Participated	Position	Special Awards or Honors



TSALC SCHOLARSHIP QUESTIONNAIRE



Community Activities

List any community activities in which you participated without pay (such as hospital volunteer work, church volunteer work, hot lines and outreach programs).

Type of Work	Agency or Organization	Dates Participated	Special Awards

Employment

List all jobs held in the last three or four years.

Position Held	Employer & Location	Dates Participated	# of Hours

Career Goals

Please answer the following questions as best as able. You will not be penalized if you are undecided, but please try to give an idea of what your college goals are.

What Course of study (major) have you decided on? (You may indicate more than one or answer "undecided".)

Do you plan to go on to attend graduate school or professional school after college? (Please give details if answering yes.)

Have you decided upon a future occupation? (Please specify your answer if yes.)



TSALC SCHOLARSHIP QUESTIONNAIRE



Miscellaneous

Which of your experiences, academic or other, has given you the greatest satisfaction? Why?
(Note: Be concise with your answers. Limit yourself to the space provided.)

Please explain your opinion about organized Labor. Is it beneficial or not? Is it outdated? If Labor had never organized, what would it be like to work in America?

What books or articles have you read within the last six months?

School Assignments	Personal Reading

Which reading made the most impact on you and why?