## SCHOLARSHIP APPLICATION UNITED POSTMASTERS AND MANAGERS OF AMERICA MISSOURI CHAPTER

Applicant's nameLast	First	Middle
Home Address		
Telephone number	DOB	
Parent's names		
UPMA Sponsor's name		(active / retired)
Relationship to sponsor		please circle one
High School Name		
University, College or Vocationa	al School you plan to attend (Name	Only)
Date of high school graduation Required Attachments':		tives
Signature ofApplicant		
Signature of UPMA Sponsor		
Please mail to: UPMA Scholars 2146 Co Rd 330	·	

MUST BE POSTMARKED BY MARCH 2, 2024

Jackson, Mo. 63755