

Deadline April 15



FRATERNAL ORDER OF EAGLES

TWIN LAKES AERIE 3183
MIDWAY, AR 72651

*P. o. Box 177
Midway*

**SCHOLARSHIP APPLICATION
GRADUATING HIGH SCHOOL SENIORS**

MUST BE TYPED, NEAT AND COMPLETE

Name _____
(First) (Middle) (Last)

Address _____

Telephone _____ Social Security Number _____

List savings you may have for educational purposes, if none, explain why.

4. Outline your summer plans and give the approximate amount of money you expect to earn during this summer for educational purposes.

5. Supply 3 letters of recommendation, with addresses and telephone numbers of three persons who are not related to you. One must be a teacher or counselor.

6. Attach a personal letter of approximately 200 words or more, in which you discuss your ambitions and future plans.

COLLEGE PREFERENCES

1. List those colleges you are interested in attending in order of your preference.

_____ (date applied) (date accepted)

_____ (date applied) (date accepted)

2. Field of study in which you plan to major: _____

3. List expenditures for your freshman year: (your best estimate)

_____ Tuition

_____ Books and Supplies

_____ Room & Board / commuting expense

What activities do you plan to participate in during college? _____

List any scholarship (s) and or grants you have APPLIED for:

List any scholarship (s) and or grants you have RECEIVED:

LEADERSHIP ABILITY

Work experience: List the jobs you have had since entering high school.

| Employer wk. | Dates of Employment | Hrs. per |
|-----------------|---------------------|----------|
|-----------------|---------------------|----------|

Duties

| Employer wk. | Dates of Employment | Hrs. per |
|-----------------|---------------------|----------|
|-----------------|---------------------|----------|

Duties

ACTIVITIES: list your high school and community activities and you involvement in each.

HONORS

List any special honors and awards you have won or earned, either in or out of school and dates.

STATEMENT OF PARENT OR GUARDIAN

This form must be executed by one of the parents, or by the guardian of the person applying for a scholarship from **F. O. E., Twin Lakes Aerie 3183 Scholarship Fund**. This application and supporting documents will be made available to the donors and to the scholarship committee.

Name of parent or guardian _____

Address _____

Occupation of Father _____

Fathers Employer _____

Occupation of Mother _____

Mothers Employer _____

Please list the dependent children:

| Name | Age | School |
|------|-----|--------|
|------|-----|--------|

| | | |
|------|-----|--------|
| Name | Age | School |
|------|-----|--------|

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|------|-----|--------|
| Name | Age | School |
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| | | |
|------|-----|--------|
| Name | Age | School |
|------|-----|--------|

List any other information that you would like to volunteer regarding your financial situation, or family circumstances, that would be helpful to the scholarship committee in considering your child for a scholarship.

Signature of Parent or Guardian

