

KNIGHTS OF PYTHIAS - GRAND DOMAIN OF INDIANA
EDUCATIONAL ASSISTANCE PROGRAM APPLICATION

Name_____

Address_____

(P. O. Box or Street)

(City)

(Zip Code)

Name of Parents/Guardian_____

Your Phone Number ()_____ E-mail_____

Residing With: Mother Father Both Parents or Other (be specific)_____(circle)

Annual Family Income: \$_____ Net ___Gross (check one)

Father's Occupation: (be specific)_____

Place of Employment_____

Mother's Occupation: (be specific)_____

Place of Employment_____

List any of YOUR employers during your last two years of high school:

List number of Brothers and Sisters and their ages:_____

How many of your family members are also enrolled in college?_____

What colleges do other family members attend?_____

Explain any unusual family situations of which the committee should know_____

Applicant's Full Name _____

Name and Address of High School now attending _____

High School Phone Number _____ Counselor's Name _____

Name and COMPLETE address of College(s) that you have applied to and/or been
accepted _____

College(s) Phone Number (if available) _____

List any awards or honors achieved by you (be specific) _____

List school activities you participate in: _____

List community activities you participate in: _____

**Please postmark your application and other requirements by JANUARY 25, 2019
to:**

Dennis O. Adams, PGC, Chairman

P. O. Box 365

New Castle, IN 47362-0365

Phone: 765-529-7712

E-Mail – indianaglkop@att.net

(For questions ONLY - NOT for sending entry!!!) None accepted on line!

Application blanks also available @ www.knightsofpythiasofnewcastle.com

Click on "event forms" ...then on Academic Assistance PUBLIC/form/rules

THIS IS NOT A PDF FILE AND CAN NOT BE FILLED OUT ON LINE!!