

KNIGHTS OF PYTHIAS - GRAND DOMAIN OF INDIANA

PYTHIAN FAMILY ONLY EDUCATIONAL ASSISTANCE APPLICATION

Name_____

Address_____

(P. O. Box or Street)

(City)

(Zip Code)

Name of Parents/Guardian_____

Your Phone Number ()_____

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 or College you are now attending:

HS/College Phone Number _____ Counselor's Name _____

Name and COMPLETE address of College you plan to attend next year _____

College 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: _____

Are you a Pythian? _____ Lodge/Temple name/number you belong to _____

If you are not, list the name of your Pythian affiliation and what relationship you are:

What Lodge or Temple do they belong to? _____

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

Pythian Family Assistance Program

P. O. Box 365

New Castle, IN 47362-0365

E-Mail: indianaglkop@att.net (QUESTIONS ONLY)

Phone: 765-529-7712

Applications available at: www.knightsofpythiasofnewcastle.com
or indianapythias.org

