

The Ohio Council of Deliberation Ancient and Accepted Scottish Rite of Freemasonry Prince Hall Affiliation - Northern Jurisdiction, U.S.A. Inc.



(TO BE COMPLETED BY STUDENT APPLICANT) <u>ALL A</u>

ALL APPLICATIONS MUST BE TYPED

ACADEMIC YEAR 2017

TODAY'S DATE: _	
-----------------	--

2016 RECIPIENTS need only to complete the items proceeded by the double asterisk (**)

**I will be a Freshman_____Sophomore____ Junior____ Senior____ in College or Other Status______

PERSONAL INFORMATION

**Name:							
	Last	First				Middle	
Date of Birth	n:			Gender:	Male	Fema	ale
**Home Add	lress:				Tele	phone: ()
	Street	City	State	Zip		1 ()	
			Cell pl	10ne () _			
PARENT or G	UARDIAN:						
Father:							
	Last	First		Occupation		A	Annual Salary
Mother:							
	Last	First		Occupation		А	nnual Salary
Guardian:							
	Last	First		Occupation		А	nnual Salary
Number of Sibling(s) in your home : Ages:				Siblings now in college			
Are You a Member of the Prince Hall Family: Yes		No	Pythagoran Girls Assembly:		sembly:		
EDUCATIONA	L INFORMATI	ON					
		<u>College Transcript</u> "	Replace	s the followi	ng High	School Acad	lemic Information
		<u> </u>	r		-88-		
Name of High	n School I atten	d:				Telephone: ()
Class Rank: _		GPA:	SAT / T	est Score:		ACT:	
College or Te	chnical School	I Have Been Accepte	ed To:				
Location:	What is your intended Major:						

ATTACH a copy of your SCHOOL ACCEPTANCE LETTER and FINANCIAL AID LETTER.

My Estimated Costs of Education for the Academic Year are as follows:

Tuition: \$	Room and Board: \$	Books and Supplies:							
Laboratory Fees:		_Total \$		<u> </u> .					
My Family and I will	pay: \$	My unmet needs are: \$							
I have received / or h	ave been promised Financial	Aid from the follo	wing sources:						
1)		4)							
2)		_ 5)							
3)		6)							
will/or currently attend to Gerald S. Friason at	School's Financial Aid Award no l. Send it as soon as possible, bu – <u>gsf33@fuse.net -</u> " <u>OCOD 2017</u> <u>RENCE</u> : (Not a family member)	nt <u>no later than JUN</u> " <u>must be in the sub</u>	<u>E 30, 2017</u> . You ma						
1) Name		Occupation:							
Address	(~	2						
		lty	State	Zip					
	hagorans or Girls Assembly:								
1) Name	Telephone/email:								
AddressStreet	(City	State	Zip					
 <u>A typewritten statemen</u> your <u>vocational prefer</u> After the signature, give (to include: this Class Y ACT/SAT test results); Two letters of recomme **5. (CONTINUING ST SIGNATURES: 	bleted or NA answers <u>may</u> disqualify <u>nt must be attached</u> on the subject " <u>ence</u> and/or <u>goals</u> , your <u>extracurricu</u> e this completed application to the ap fear's first semester grades, class rank and recommendations. Forward the endations from your counselor, teacher UDENTS) Update your life goal in o We certify the above information We authorize you to share this int	Why I Want a College <u>lar activities</u> and <u>comm</u> propriate school official , unweighted GPA, test entire application direct er, administrator, adviso ne hundred words or lear to be true, correct and	munity activities. I who in turn will attach scores including the O ly to the address shown r, minister or employer ss. d complete.	n an official transcript hio Graduation Test, h below.					

Applicant's Signature

Parent / Guardian's Signature

<u>PLEASE RETURN THIS FORM TO</u>: Gerald S. Friason 12010 Springdale Lake Drive Cincinnati, OH 452146 Tel: 513-742-8983 (H) 513-509-7503 (C)