



**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)

ALL APPLICATIONS MUST BE TYPED

**ACADEMIC YEAR 2014**

TODAY'S DATE: \_\_\_\_\_

**2013 RECIPIENTS need only to complete the items preceded 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:** \_\_\_\_\_ **Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**\*\*Home Address:** \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Street City State Zip

**\*\*Email** \_\_\_\_\_ **Cell phone** ( ) \_\_\_\_\_

**PARENT or GUARDIAN:**

**Father:** \_\_\_\_\_  
Last First Occupation Annual Salary

**Mother:** \_\_\_\_\_  
Last First Occupation Annual Salary

**Guardian:** \_\_\_\_\_  
Last First Occupation Annual 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:** \_\_\_\_\_

**EDUCATIONAL INFORMATION**

**\*\* 2013 Recipients - "College Transcript" Replaces the following High School Academic Information**

**Name of High School I attend:** \_\_\_\_\_ **Telephone:** ( ) \_\_\_\_\_

**Class Rank:** \_\_\_\_\_ **GPA:** \_\_\_\_\_ **SAT / Test Score:** \_\_\_\_\_ **ACT:** \_\_\_\_\_

**College or Technical School I Have Been Accepted 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 \$** \_\_\_\_\_.

**My Family and I will pay:** \$ \_\_\_\_\_ **My unmet needs are:** \$ \_\_\_\_\_

**I have received / or have been promised Financial Aid from the following sources:**

- |          |          |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

Attach a copy of your School's Financial Aid Award notification letter (not the application) from the School you will/or currently attend. Send it as soon as possible, but no later than April 30, 2014. You may e-mail any questions to Chester C. Pryor II, MD at - [pryorcc@uc.edu](mailto:pryorcc@uc.edu) - "OCD 2014" must be in the subject space.

**CHARACTER REFERENCE:** (Not a family member)

1) Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**Advisor (if any): Pythagorans or Girls Assembly:**

1) Name \_\_\_\_\_ Telephone/email: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**NOTE:**

1. Blanks spaces not completed may disqualify your consideration.
2. **A typewritten statement must be attached** on the subject "**Why I Want a College Education**", including your **vocational preference** and/or **goals**, your **extracurricular activities** and **community activities**.
3. After the signature, give this completed application to the appropriate school official who in turn will attach an official transcript (to include: this Class Year's first semester grades, class rank, unweighted GPA, test scores including the Ohio Graduation Test, ACT/SAT test results); and recommendations. Forward the entire application directly to the address shown below.
4. Two letters of recommendations from your counselor, teacher, administrator, advisor, minister or employer.
- \*\*5. (Continuing Students)** Update your life goal in one hundred words or less.

**SIGNATURES:** We certify the above information to be true, correct and complete.  
We authorize you to share this information with your associates.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent / Guardian's Signature

**PLEASE RETURN THIS FORM TO:**

**Chester C. Pryor II, MD**  
**2401 Ingleside Avenue, Apt. 3D**  
**Cincinnati, OH 45206-4401**  
**Tel: 513- 751-6636 (H) 513-604-4614 (C)**