

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 2019

2018 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	:			Gender:	Mal	eF	Semale	
**Home Add	ress:				-	Felephone: ()	
1101110 1144	Street	City	State	Zip		()	
**Email			Cell ph	one ()_				_
PARENT or GU	UARDIAN:							
Father:	Logt							
	Last	First		Occupation	1		Annual Salar	У
Mother:								
	Last	First		Occupation	1		Annual Salary	y
Guardian:								
	Last	First		Occupation	1		Annual Salar	y
Number of Sibli	ing(s) in your ho	me : Ages:			:	Siblings now in	college	
Are You a Mem	nber of the Princ	e Hall Family: Yes	No	Pythagora	an	Gir	ls Assembly:	
FDUCATIONA	L INFORMATI	ION						
) l	the fellow	:	liah Cahaal A	and and a Infa	
** <u>2018 REC</u>	<u> 1916 N 15</u> - "Q	College Transcript" H	xeplaces	s the follow	ing H	lign School A	Academic Info	rmation
Name of High	n School I atter	nd:				Telephone	e: ()	
Class Rank: _		GPA:	SAT / T	est Score: _		ACT	Г:	
College or Te	chnical School	I Have Been Accepte	d To:					
Location:		W	hat is yo	ur intended	Majo	or:		

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 v	vill pay: \$	_ My unmet needs are: \$					
I have received / or	r have been promised Financial	Aid from the f	ollowing sources:				
1)		4)					
2)		5)					
3)		6)					
CHARACTER REF	z – <u>gsf33@fuse.net -</u> " <u>OCOD 2019</u> " <u>'ERENCE</u> : (Not a family member)					
Address							
Stree	t	City	State	Zip			
Advisor (if any): P	ythagorans or Girls Assembly:						
1) Name	ame Telephone/email:						
Address	4						
~		a!	a	Zip			
Stree NOTE:	t	City	State	Σīp			

Applicant's Signature

Parent / Guardian's Signature

<u>PLEASE RETURN THIS FORM TO</u>: Gerald S. Friason 12010 Springdale Lake Drive Cincinnati, OH 45246 Tel: 513-742-8983 (H) 513-509-7503 (C)