

Grand Court of Ohio, Order of the Amaranth

Scholarship Application 2020 Please print or type. See Youth Scholarship

Qualifications and Instructions.

Full Name: _____

Street Address _____

CitY/State/Zip Code: _____

Date of Birth: _____ Telephone No. _____

Mother's Name: _____ Occupation: _____

Fathers Name: _____ Occupation: _____

Number of Children in Family: _____

Are you related to or do you know anyone that belongs to the Order of the Amaranth? ___

If yes, list who and what Court they belong to: _____

Applicant desires to attend this school: _____

Address of Treasurer or Bursars Office: _____

Has the applicant been accepted to this school: _____ High School GPA: _____

Standing in Class _____ of _____

College GPA: _____

Estimated cost of your education: _____

Please attach your Financial Plan (See Youth Scholarship Instructions)

All Applications must be postmarked by April 1, 2020.