

Odd Fellows and Rebekahs Association of Western Pennsylvania

2019 Scholarship Award Application

(Please print all information)

Applicant's Name: _____

Address: _____

Social Security Number (last four digits): _____

Telephone: Home: _____ School: _____ Cell: _____

I.O.O.F. or Rebekah Member: Yes No

If Yes: Lodge Name: _____ Lodge #: _____

Address: _____

Family Relative I.O.O.F. or Rebekah Member: Yes No

If Yes: Name _____ Relationship _____

Address _____

Telephone: Home: _____ Cell: _____

Lodge Name: _____ Lodge #: _____

Family History: Father's Name: _____

Address: _____

Occupation: _____

Telephone: Home _____ Cell _____

Mother's Name: _____

Address: _____

Occupation: _____

Telephone: Home _____ Cell _____

High School: Name _____ Year of Graduation: _____

Address: _____

Principal's Name: _____

List: A. Community Service(s):

B. Church Related Participation:

College/University Attending: Name _____

Address _____

Major or Area of Concentration: _____

Student Accounts/ Bursar's Office Address _____

Telephone #: _____

Class Year Completed (circle): Freshman Sophomore Junior

List three (3) recommendations (not relatives) with address and phone number included.

Name

Address

Phone #

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

To the best of knowledge, I certify that the information provided is complete and accurate.

Applicant's signature: _____

Date: _____

(Note: Remember to enclose with this application the items requested in Rule #3 along with a separate sheet containing your essay on "Membership.")

Application deadline: **Saturday, June 29, 2019**

Please mail application and enclosures to:

Mr. Robert Grant

Scholarship Award Chairman

40 Cypress Way

Charleroi, PA 15022-3331