

Odd Fellows and Rebekahs Association of Western Pennsylvania

2020 Scholarship Award Application

(Please print all information)

Applicant's Name: _____

Address: _____

Social Security Number: (last 4 digits) _____

Telephone: Home: _____ School: _____ Cell: _____

IOOF or Rebekah Member: Yes No

If Yes: Lodge Name: _____ Lodge #: _____

Address: _____

Family Relative IOOF or Rebekah Member: Yes No

If Yes: Name _____ Relationship _____

Address _____

Telephone: Home: _____ Cell: _____

Lodge Name: _____ Lodge #: _____

Family History: Father' 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. Extracurricular and Community Activities: (Indicate leadership positions held and honors received.)

B. Church Related Participation: _____

College/University/Trade School Attending: Name _____

Location _____

Address _____

Major or Area of Concentration: _____

Student Accounts/ Bursar's Office Address _____

Telephone #: _____

Class Year Completed: Fr./1st Soph./2nd Junior/3rd

List three (3) recommendations (not relatives) with address and phone number included. (Don't forget to enclose each recommendation.)

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. Also, the application deadline is June 13, 2020.)

Please mail application and enclosures to: **Mr. Robert Grant**

Scholarship Award Chairman

40 Cypress Way

Charleroi, PA 15022-3331

PHOTOGRAPH

Attach here within the box with tape. Need not be an expensive picture but taken within the last year.