

# Odd Fellows and Rebekahs Association of Western Pennsylvania

## 2018 Graduate 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: \_\_\_\_\_

List: A. Community Service(s):

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B. Church Related Participation:

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College/University Attending: Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Major or Area of Concentration: \_\_\_\_\_

Student Accounts/ Bursar's Office Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Year of College/University Graduation: \_\_\_\_\_

Number of Graduate Credits Completed: \_\_\_\_\_

Number of Graduate Credits Remaining: \_\_\_\_\_

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

Please mail application and enclosure(s) to: Mr. Robert Grant, chair.  
Graduate Scholarship Award  
40 Cypress Way  
Charleroi, PA 15022-3331