

**Tipp City Fraternal Order of Eagles Aerie 2201  
Continued Education Grant Application**

(This information is confidential and will be used only by those involved in the selection process.)

**Applicant's Name:** \_\_\_\_\_

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

**City, State:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Total number of family members:** \_\_\_\_\_

|                    |                             |                              |
|--------------------|-----------------------------|------------------------------|
| <b>Test Scores</b> | <b>PSAT Verbal</b> _____    | <b>Math</b> _____            |
|                    | <b>SAT Verbal</b> _____     | <b>Math</b> _____            |
|                    | <b>ACT Verbal</b> _____     | <b>Math</b> _____            |
|                    | <b>Social Science</b> _____ | <b>Natural Science</b> _____ |
|                    | <b>Composite</b> _____      |                              |

**Rank in class:** \_\_\_\_\_ **out of** \_\_\_\_\_ **. GPA** \_\_\_\_\_

**List all monetary awards, grants or scholarships that you are receiving:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**College that you plan to attend:** \_\_\_\_\_

**Proposed major:** \_\_\_\_\_

**Estimated annual adjusted gross income for the entire family:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_

**To: All Graduating Seniors**

**Subject: Tipp City Fraternal Order of Eagles Aerie 2201 College Grant Award**

**The Tipp City Fraternal Order of Eagles College Grant is available to High School Graduates who have been accepted by and enrolled in:**

1. Recognized College
2. Recognized University

**To be eligible for consideration for this grant, interested students must:**

1. Complete the required application in its Entirety.
2. Provide a transcript and submit both.
3. Show proof of acceptance by a recognized College or University.
4. Complete a brief essay about your need for this grant.

**Consideration for this grant will be on the basis of:**

1. Academic achievement
2. Leadership
3. Economic need
4. Essay

**The time of the announcement and the recipient will be announced by your school principal.**

**All application forms and other desired information must be returned to the Tipp City Fraternal Order of Eagles Aerie 2201 NO LATER THAN 12:00 noon, April 30.**

1. Actual Grants will be made payable to the College or University upon receipt to Aerie 2201 of certified enrollment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian: \_\_\_\_\_