

KNIGHTS OF PYTHIAS - GRAND DOMAIN OF INDIANA
PYTHIAN FAMILY EDUCATIONAL ASSISTANCE APPLICATION

Name _____

Address _____
(P. O. Box or Street) (City) (Zip Code)

Name of Parent/Guardian _____

Your Phone Number () _____

Residing With: Mother Father Both Parents or Other (be specific) _____ (circle)

Annual Family Income: \$ _____ Net _____ Gross (check one)

Father's Occupation: (be specific) _____

Place of Employment _____

Mother's Occupation: (be specific) _____

Place of Employment _____

List any of YOUR employers during your last two years of high school:

List number of Brothers and Sisters and their ages: _____

How many of your family members are also enrolled in college? _____

What colleges do other family members attend? _____

Explain any unusual family situations of which the committee should know _____

Applicant's Full Name _____

Name and Address of High School now attending (if any) _____

High School Phone Number _____ Counselor's Name _____

Name and COMPLETE address of College you plan to attend next year _____

College Phone Number (if available) _____

Name of College you currently attend _____

List any awards or honors achieved by you (be specific) _____

List school activities you participate in: _____

List community activities you participate in: _____

Are you a Pythian? _____ Lodge or Temple name & number _____

If not, list the name of your Pythian affiliation and what relation you are:

Please submit your application and other requirements by JANUARY 25, 2016 to:

Pythian Family Assistance Program
P. O. Box 365
New Castle, IN 47362-0365
E-Mail: dennyvoiceofandersonspeedway@msn.com (QUESTIONS ONLY)
Phone: 765-529-7712

Applications available at: www.knightsofpythiasofnewcastle.com