

KNIGHTS OF PYTHIAS - GRAND DOMAIN OF INDIANA

PYTHIAN FAMILY ONLY EDUCATIONAL ASSISTANCE APPLICATION

Name _____

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

Name of Parents/Guardian _____

Your Phone Number () _____

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

Annual Family Income: \$ _____ Net _____ Gross ("X" 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 or College you are now attending:

HS/College Phone Number _____ Counselor's Name _____

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

College Phone Number (if available) _____

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/Temple name/number you belong to _____

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

What Lodge or Temple do they belong to? _____

Please submit your application and other requirements by JANUARY 25, 2020 to:

Pythian Family Assistance Program

P. O. Box 365

New Castle, IN 47362-0365

E-Mail: indianaglkop@att.net (QUESTIONS ONLY)

Phone: 765-529-7712

Applications available at: www.knightsofpythiasofnewcastle.com