

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, 2021 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](http://www.knightsofpythiasofnewcastle.com)