



Vermillion Fraternal Order of Eagles and Eagles Auxiliary # 2421
Educational Assistance Grant Application

APPLICANT: _____

PARENTS / GUARDIANS OF APPLICANT: _____

ADDRESS: _____

PHONE NUMBER: _____

- CUMULATIVE GRADE POINT AVERAGE: _____

SAT SCORE: _____ ACT SCORE: _____ (IF KNOWN)

- SUMMARY OF STUDENT / FAMILY FINANCIAL NEED:

- HAVE YOU MET THE REQUIREMENTS FOR ADMISSION FOR YOUR POST-HIGH SCHOOL EDUCATION?

YES ____ NO ____

IF NO, PLEASE EXPLAIN: _____

SCHOOL YOU PLAN TO ATTEND: _____

- SUMMARY OF EXTRACURRICULAR ACTIVITIES IN HIGH SCHOOL CLUBS AND ORGANIZATIONS:

- SUMMARY OF COMMUNITY SERVICE AND / OR VOLUNTEER WORK:

- SUMMARY OF ACADEMIC OR SPECIAL HONORS:

- SUMMARY OF LIFE AND / OR EDUCATIONAL GOALS:

- WHAT IS SPECIAL ABOUT YOU THAT WE SHOULD KNOW AS WE CONSIDER YOU FOR THIS SCHOLARSHIP:

- PLEASE INCLUDE THE FOLLOWING SUPPLEMENTAL MATERIALS WITH YOUR APPLICATION: **HIGH SCHOOL TRANSCRIPT**

- SIGNATURES:

APPLICANT

PARENT(S)

PRINCIPAL/COUNSELOR