

**KNIGHTS OF PYTHIAS - GRAND DOMAIN OF INDIANA
PYTHIAN FAMILY EDUCATIONAL ASSISTANCE PROGRAM**

REQUIREMENTS:

- 1) Must be a senior in any high school in Indiana or be home schooled in the appropriate grade level.
- 2) Must have a grade point average of **B** or above.
A copy of transcripts are required and **MUST** accompany the application. Transcript **MUST** include grade point average and, if available, rank in class.
- 3) Applicant **MUST** submit SAT or ACT test results if available.
- 4) Applicant must be registered in accredited college or university with proof of registration prior to disbursement of funds.
- 5) The application packet must be postmarked on or before January 25, 2016 to be eligible!
NONE will be accepted after this date!
- 6) Applicant **must** submit the attached application. Application may be computer scanned or computer reproduced to increase size of answer areas. **HAND WRITTEN APPLICATIONS WILL NOT** be accepted and will be immediately discarded!
- 7) Applicant **MUST** include a short typed essay (600 words or less) about your goals after graduating from college. (Attach separate sheet)
- 8) Applicant **MUST** include a short typed essay (600 words or less) regarding your need of financial help. (Attach separate sheet)

SELECTION:

- 1) Selection of Educational Assistance Program winners will be by a committee appointed by the Grand Chancellor of the Knights of Pythias of Indiana.
- 2) If you are selected as a recipient you will be required to give to the Grand Secretary your social security number, student ID number and final choice of the school you are attending with the proper address.

AWARD:

- 1) An award of \$1,000 for college expenses, such as books, room & board, tuition, etc. will be distributed directly to the college or university office by the Grand Secretary of the Grand Lodge of Indiana in the name of the student. Disbursements **WILL NOT** be made directly to the student - **NO EXCEPTIONS!** If the student so desires, they may have their funds held in their name by the college to be used in another year of their education. If the student withdraws from school before said funds are used, they shall be returned to the Grand Lodge Knights of Pythias of Indiana.
- 2) All winners will be posted on www.knightsofpythiasofnewcastle.com

*Submit completed applications to Guidance
by January 22, 2016.*

KNIGHTS OF PYTHIAS
EDUCATIONAL ASSISTANCE
DENNIS O. ADAMS, PGC, CHAIRMAN
P. O. BOX 365
NEW CASTLE, IN 47362-0365
PHONE: 765-529-7712
E-mail: indianaglkop@att.net

To: Indiana High School Counselors and the Class of 2016:

RE: Scholarship Program for High School Graduates of the Class of 2016 who are residents of Indiana.

The Knights of Pythias of Indiana restructured our educational assistance program in 2002 by now offering high school seniors a \$1,000 scholarship. There are up to 30 up for grabs each year with a guarantee of two awarded to each Pythian district in the State of Indiana. We certainly are looking forward to the applications coming in so that we will know how much interest this program will continue to generate and how to plan for the future as it continues to grow.

Please feel free to duplicate the form to give to interested qualified applicants. They are permitted to computer scan the form or computer reproduce the form in order to expand the size of the answer areas. Please note...the application deadline of JANUARY 25, 2016! ALL entries MUST be postmarked on or before this date to be deemed eligible for the scholarships! No exceptions for ANY reason! Please make note that high school transcripts MUST accompany the applications!

For further information, contact:

Dennis O. Adams, PGC, Chairman
P. O. Box 365
New Castle, IN 47362-0365
Phone: 765-529-7712
E-mail: indianaglkop@att.net (INFO. ONLY!)
DO NOT E-MAIL APPLICATIONS!!

Application blanks available at: www.knightsofpythiasofnewcastle.com soon

FOR RESIDENTS OF INDIANA ONLY!

KNIGHTS OF PYTHIAS - GRAND DOMAIN OF INDIANA

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: _____

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

Dennis Adams, Chairman

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