

FRATERNAL ORDER OF EAGLES 2024 SCHOLARSHIP APPLICATION

FULL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ ALT NUMBER _____

RELATIONSHIP TO A CURRENT EAGLE (INCLUDE NAME) _____ / _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR COMPLETED YOUR GED? Yes ___ No ___

HIGHSCHOOL, _____

HIGH SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

GRADUATION DATE _____ CURRENT G.P.A. _____

PLEASE LIST ALL MAJOR HIGH SCHOOL OR COMMUNITY ACTIVITIES, SPORTS, CLUBS, OR ORGANIZATIONS IN WHICH YOU WERE INVOLVED.

PLEASE LIST ANY ACADEMIC OR ATHLETIC HONORS OR AWARDS YOU RECEIVED.

PLEASE LIST ANY EMPLOYMENT OR INTERNSHIP EXPERIENCE.

COLLEGE/UNIVERSITY/TECH SCHOOL YOU PLAN TO ATTEND _____

HAVE YOU BEEN OFFICIALLY ACCEPTED? YES ___ NO ___

PLANNED FIELD OF STUDY _____

BY SIGNING BELOW, I CERTIFY THAT ALL INFORMATION ON THIS SCOLARSHIPAPPLICATION AND IN MY SUPPORTING ESSAY IS ORIGINAL, TRUE, AND COMPLETE. IF I AM A SCHOLARSHIP WINNER, I AGREE TO PROVIDE A PHOTOGRAPH FOR PUBLICITY PURPOSES. I UNDERSTAND THAT IDAHO FALLS FRATERNAL ORDER OF EAGLES RESERV.ES THE RIGHT TO USE WINNERS' NAMES, PHOTOGRAPHS, AND ESSAYS IN PROMOTIONAL MATERIAL.

APPLICANT'S SIGNATURE, DATE _____

SIGNATURE OF SPONSOR EAGLE, DATE _____