

**FRATERNAL ORDER OF EAGLES
MEMORIAL FOUNDATION
APPLICATION FOR EDUCATIONAL ASSISTANCE FORM**

Name: _____ Sex _____
(Last) (First) (Middle) (M/F)

Parent/Guardian: _____

Address: _____
(Number and Street) (City) (State) (Zip)

Email Address: _____

Phone number where you can be contacted: _____

Student: _____ Parent/Guardian: _____

Social Security #: _____ Date of Birth: _____

EDUCATIONAL INFORMATION:

High School: _____ Date of Graduation: _____

Address: _____
(Number and Street) (City) (State) (Zip)

Number & rank in graduating class _____ of _____ Completed GED program _____
(Yes/No)

INFORMATION RELATIVE TO FUTURE EDUCATION PLANS:

Educational or Vocational Institution: _____

Address: _____
(Number and Street) (City) (State) (Zip)

Name of Advisor or Financial Aid Counselor: _____

Email address of Advisor: _____ Phone: _____

Number of years applicant plans to attend school, college, or university: _____

College Start Date: _____ Schools Sessions: _____ Quarters _____ Semesters

Educational goal: _____
