

# The Ohio Council of Deliberation

Ancient and Accepted Scottish Rite of Freemasonry Prince Hall Affiliation - Northern Jurisdiction, U.S.A. Inc.



#### (TO BE COMPLETED BY STUDENT APPLICANT)

### **ALL APPLICATIONS MUST BE TYPED**

## **ACADEMIC YEAR 2024**

TODAY'S I	DATE:	
IODAI SI	ALC.	

### **2023 RECIPIENTS need only to complete the items proceeded by the double asterisk (\*\*)**

\*\*I will be a Freshman\_\_\_\_\_ Sophomore\_\_\_\_\_ Junior\_\_\_\_\_ Senior\_\_\_\_\_ in College or Other Status \_\_\_\_\_\_

#### PERSONAL INFORMATION

**Name:					
	Last	First		Middle	
Date of Birt	th:		Gender: Male	Female	
**Home Ad	ldress:		Telepho	one: ( )	
	Idress: Street	City State	z Zip	( )	
**Email			** Cell phone ( )		
PARENT or C	GUARDIAN:				
Father:	Last	First	Occupation	A 101	
	Last	First	Occupation	Annual Salary	
Mother:	Last				
	Last	First	Occupation	Annual Salary	
Guardian:					
	Last	First	Occupation	Annual Salary	
Number of Sibling(s) in your home: Ages:		Siblings	Siblings now in college		
Are You a Me	mber of the Prince Hall I	Family: Yes No	Pythagoran	Girls Assembly:	
EDUCATION	AL INFORMATION				
		e Transcrint'' Renlac	es the following High So	chool Academic Information	
		<u>e franseript</u> Replac			
Name of Hig	gh School I attend:		Tel	ephone: ( )	
Class Rank:	: GPA: SAT / Te		Test Score:	_ACT:	
College or T	Technical School I Hav	e Been Accepted To:			
Location:		What is your intended Major:			
ATTACH a	copy of your SCHO	OL ACCEPTANCE I	LETTER and FINANCI	AL AID LETTER.	

## My Estimated Costs of Education for the Academic Year are as follows:

Tuition: \$	_Room and Board: \$		_Books and Supplies:		
Laboratory Fees:		Total \$		•	
My Family and I will pay:	\$	My unmet needs are: \$			
I have received / or have b	een promised Financial A	id from the f	ollowing sources:		
1)		4)			
2)		5)			
3)		6)			
Attach a copy of your School or currently attend. Send it a Gerald S. Friason at – <u>gsf33@</u> <u>CHARACTER REFERENC</u>	as soon as possible, but <u>no l</u> pryorcc@uc.edu " <u>fuse.net -</u>	ater than JUN		ail any questions to	
1) Name		_Occupation	:		
Address Street	Ci	tv	State	Zip	
Advisor (if any): Pythagor		5		1	
1) Name			email:		
Address					
Street	Ci	ty	State	Zip	
<ol> <li>After the signature, give this co (to include: this Class Year's fi ACT/SAT test results); and rec</li> <li>Two letters of recommendation</li> <li>**5. (CONTINUING STUDEN</li> <li>SIGNATURES: We ce</li> </ol>	t be attached on the subject "W ad/or goals, your extracurricula completed application to the appr rst semester grades, class rank, u ommendations. Forward the en as from your counselor, teacher,	Why I Want a Contract	bllege Education", including <u>community activities</u> . ficial who in turn will attach , test scores including the Ohi irectly to the address shown I lvisor, minister or employer. rords or more.	an official transcript io Graduation Test,	

Applicant's Signature

**PLEASE RETURN THIS FORM TO:** Gerald S. Friason 12010 Springdale Lake Drive

# Cincinnati, OH 45246 Tel: 513-742-8983 (H) 513-509-7503 (C)

Revised /2024