

**Applicants Name:

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) ACADEMIC YEAR 2025

	TODAY'S DATE:					
2024 RECIPIEN	TS need only to o	complete the	<u>e items proce</u>	eded by the double asterisk (**)		
**I will be a Freshman	Sophomore	_ Junior	Senior	_ in College or Other Status		
PERSONAL INFORMATION						
**Name:						
Last	First		Middle Gender: Male Female			
Date of Birth:			Genuer:	remaie		
**Home Address:				Telephone: ()		
Street	City	State	Zip			
*Email			** Cell phone ()			
PARENT or GUARDIAN:						
D. 4						
Father: Last	First		Occupation	Annual Salary		
			•	-		
Mother:Last	First		Occupation	Annual Salary		
Quardian:						
Guardian: Last	First		Occupation	Annual Salary		
Number of Sibling(s) in your ho	ome: A	ges:		Siblings now in college		
				Girls Assembly:		
		110	1 ygorun			
EDUCATIONAL INFORMATI	<u>ION</u>					
* <u>2024 RECIPIENTS</u> - "	College Transcrip	ot" Replace	s the followin	ng High School Academic Informat		
Nama of High School Latto	nd:			Talanhana: ()		
value of fright School I alte	na			Telephone: ()		
Class Rank:	GPA:	SAT / T	est Score:	ACT:		
Jollege or Technical Schoo	I I Have Been Acc	epted To: _				
Location:		What is vo	our intended N	Major:		
				<u> </u>		
ATTACH a copy of your S	SCHOOL ACCEF	PTANCE LI	ETTER and l	<u>FINANCIAL AID LETTER</u> .		

Tuition: \$	Room and Board: \$		Books and Supplies: _				
Laboratory Fees: \$		Total: \$		•			
My Family and I will p	ay: \$	My unmet ne	eeds are: \$				
I have received / or hav	re been promised Financial A	Aid from the fo	ollowing sources:				
1)		4)					
2)		5)					
3)		6)					
or currently attend. Send	nool's Financial Aid Award not l it as soon as possible, but no pryorcc@uc.edu	ification letter (ater than JUNI	not the application) from <u>E 30, 2025</u> . You may e-ma	the School you will all any questions to			
CHARACTER REFERE	NCE: (Not a family member)						
1) Name		_ Occupation	·				
AddressStreet	C	ity	State	Zip			
Advisor (if any): Pytha	gorans or Girls Assembly:						
1) Name		Telephone/email:					
Address							
NOTE: 1. Blanks spaces not completed or NA answers may disqualify your consideration. 2. A typewritten statement must be attached on the subject "Why I Want a College Education", including your vocational preference and/or goals, your extracurricular activities and community activities. 3. After the signature, give this completed application to the appropriate school official who in turn will attach an official transcript (to include: this Class Year's first semester grades, class rank, unweighted GPA, test scores including the Ohio Graduation Test, ACT/SAT test results); and recommendations. Forward the entire application directly to the address shown below. 4. Two letters of recommendations from your counselor, teacher, administrator, advisor, minister or employer. **5. (CONTINUING STUDENTS) Update your life goal in two hundred fifty words or more. SIGNATURES: We certify the above information to be true, correct and complete. We authorize you to share this information with your associates.							
Applicant's Signate PLEASE RETURN THIS FOR Gerald S. Friason		Pa	arent / Guardian's Signatur	e			

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

12010 Springdale Lake Drive

Cincinnati, OH 45246

Tel: 513-742-8983 (H) 513-509-7503 (C)