



**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 been promised Financial Aid from the following sources:**

- 1) \_\_\_\_\_ 4) \_\_\_\_\_  
2) \_\_\_\_\_ 5) \_\_\_\_\_  
3) \_\_\_\_\_ 6) \_\_\_\_\_

Attach a copy of your School's Financial Aid Award notification letter (**not the application**) from the School you will or currently attend. Send it as soon as possible, but **no later than JUNE 30, 2025**. You may e-mail any questions to

Gerald S. Friason at – [gsf33@fuse.net](mailto:gsf33@fuse.net) -  "**OCOD 2025**" **must be in the subject line.**

**CHARACTER REFERENCE: (Not a family member)**

1) Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**Advisor (if any): Pythagorans or Girls Assembly:**

1) Name \_\_\_\_\_ Telephone/email: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**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 Signature

\_\_\_\_\_  
Parent / Guardian'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)**