

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) <u>ALL APPLICATIONS MUST BE TYPED</u> <u>ACADEMIC YEAR 2025</u>

TODAY'S DATE: _____

2024 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		Mi			iddle		
Date of Birth	ı:		<u> </u>	Gender:	Male	eF	Semale		
**Home Add	lress:				Te	elephone: ()		
	Street	City	State	Zip					
**Email				** Cell pho	ne ()			
PARENT or GI	UARDIAN:								
Father:	Last						A 101		
	Last	First		Occupation	1		Annual Salary		
Mother:	Last								
	Last	First		Occupation	1		Annual Salary		
Guardian:									
	Last	First		Occupation	1		Annual Salary		
Number of Sibling(s) in your home: Ages:			Siblings now in college						
Are You a Member of the Prince Hall Family: Yes			No	_ Pythagoran Gi			s Assembly:		
EDUCATIONA	AL INFORMATION								
** <u>2024 REC</u>	<u>CIPIENTS</u> - " <u>Col</u>	lege Transcript"	Replaces	the follow	ing Hi	igh School A	cademic Informatio	n	
Name of Higl	n School I attend:					Telephone	e: ()		
Class Rank: _	GP	A:	SAT / Te	est Score:		ACT		_	
College or Te	chnical School I I	Iave Been Accept	ed To: _						
Location: What is your					r intended Major:				

ATTACH a copy of your SCHOOL ACCEPTANCE LETTER and FINANCIAL AID LETTER.

My Estimated Costs of Education for the Academic Year are as follows: *Applicants Name:_____ 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: 4) 1) 2)_____ 5) 6) 3)_____ 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 – <u>gsf33@fuse.net -</u> OCOD 2025" <u>must be in the subject line</u>. **CHARACTER REFERENCE:** (Not a family member) 1) Name Occupation: City Address _____ Street State Zip Advisor (if any): Pythagorans or Girls Assembly: 1) Name Telephone/email: Address City Street 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

PLEASE RETURN THIS FORM TO: Gerald S. Friason 12010 Springdale Lake Drive Cincinnati, OH 45246 Tel: 513-742-8983 (H) 513-509-7503 (C) Parent / Guardian's Signature