Fraternal Order of Eagles 3508 Scholarship Application, \$1500. Due Date is April 30, 2022

This application is a fillable PDF and must be typed. Handwritten applications will NOT be accepted. All answers must be limited to the spaces provided within the application. The only attachments to the application are the recommendation letters and your official transcript, as listed on the last page. You must be a graduating high school senior to complete this application.

Applicant name:				
High school(s) attended:				
I am interested in becom	ing a(n):			
Post-secondary institution	n planning to attend:			
I am currently a graduatir	ng high school senior: Yes: N	No:		
Type of Post-Secondary II	nstitution attending or planning	to attend:		
Vo-Tech/ Trade s	chool/Jr. College (2yr.) Spe	ecialized School (Art, Music, et	cc.) Univer	sity or College
Personal Information				
Applicant Email:				
Home Address:				
City, State, Zip Code:				
Home Phone:	Cell Phone:	Birthdate:	Age:	Gender:
Parents' Name(s):				
Education Information				
Please use applicable sch	ool information to complete this	section of the application.		
	vement – Potential examples ind PA awards, Dean's List, etc.	clude, but are not limited to; F	lonor Roll, Stude	ent of the Month,

year of involvement. For example: Band, Student Council Representative – 11.
III. School Activities – Please list extracurricular, athletic or club-related activities you participated in and identify year or
involvement. For example: Basketball - 11; Pep Band - 9, 10, 11, 12
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Community Information
I. Community Activities & Organizations – Please list all of the non-school related activities you have participated in and
level of involvement. For example: Church or recreational activities, etc.
II. Volunteer Service – Please list all volunteer or community service activities you have participated in. Indicate the leve
of involvement in terms of hours per week, month or year. For example: Youth Mentor – 1 hour per week for 7 months
of involvement in terms of hours per week, month or year. For example: Youth Mentor – 1 hour per week for 7 months
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Congress, National Science Bowl participant, scholarship aw	vara, vvoi kei oi tile iviolitii, etc.
	Name:
ork Experience – Please list the job or job-related experience	
dividual employer. If you have more than four, please list th	ne last four employers, with the most recent first.
mployer #1:	Start Date:
lature of Work:	End Date:
	Avg. Hrs./Week:
mployer #2:	Start Date:
ature of Work:	End Date:
1 110	Avg. Hrs./Week:
mployer #3:	Start Date:
lature of Work:	End Date:
	Avg. Hrs./Week:
mployer #4:	Start Date:
Nature of Work:	End Date:
	Avg. Hrs./Week:
stitutional Information – Please indicate your first choice o	of post-secondary schools, colleges or universities you
attend. List the necessary information requested below.	
chool Name	
Major or Program	
uition & Fees	
Books (Estimate)	
t her – Are there other considerations the selection committ	tee should be aware of? (List below.)

Scholarship Essay – In your own words, please use the attached essay form to complete an essay (up to 500 words) answering the following question. Your signature is required. Please format essay in paragraphs!

> Describe the person that has most influenced your life, the lessons they have taught you and how you are applying these in your life.

Recommendations & Transcript – Please include your <u>Official School Transcript</u> with this application. Make sure it includes all of your current coursework. Include three letters of recommendation from non-family members. One recommendation must come from a teacher, but no more than two from school staff.

Student Certification –	I certify the information given on this application is corre	ect.
Signature of Applicant:	SIGN HERE	Date:
	This section is to be completed by your school's superinte. Your application will not be considered if this section is	· · · · · · · · · · · · · · · · · · ·
certify that the above-	-signed student:	
☐ Is curre	-time student ently in good academic standing aintained satisfactory academic progress in school	
Name of Institution:		
Printed Name of Acade	mic Officer:	Title:
Signature of Academic Officer:		Date:

A completed and signed, <u>single-sided</u> paper version (electronic copies will not be accepted) of this application must be postmarked or submitted to the following address on or before the due date as listed on the front page. **DO NOT STAPLE!**

Mailing Address:

Sutherlin Eagles Auxiliary Attention: Scholarship Committee PO Box 1242 Sutherlin, OR 97479

(LAST PAGE)

Scholarship Essay Form	Name:

Applicant's Signature: ________SIGN HERE ______ Date: ______