## KNIGHTS OF PYTHIAS - GRAND DOMAIN OF INDIANA PYTHIAN FAMILY EDUCATIONAL ASSISTANCE APPLICATION

Name		
Address (P. O. Box or Street)	(City)	(Zip Code)
Name of Parent/Guardian		
Your Phone Number ( )		
Residing With: Mother Father Both Parents	or Other (be specific)	(circle)
Annual Family Income: \$	NetGross (check of	one)
Father's Occupation: (be specific)		
Place of Employment		
Mother's Occupation: (be specific)		
Place of Employment		
List any of YOUR employers during your last tw	o years of high school:	
List number of Brothers and Sisters and their age	es:	
How many of your family members are also enro	olled in college?	
What colleges do other family members attend?_		
Explain any unusual family situations of which the	he committee should know	

Applicant's Full Name		
Name and Address of High School now attending (if any)		
High School Phone Number Counselor's Name		
Name and COMPLETE address of College you plan to attend next year		
College Phone Number (if available)		
Name of College you currently attend		
List any awards or honors achieved by you (be specific)		
List school activities you participate in:		
List community activities you participate in:		
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Are you a Pythian? Lodge or Temple name & number		
If not, list the name of your Pythian affiliation and what relation you are:		
Please submit your application and other requirements by JANUARY 25, 2016 to:		
Pythian Family Assistance Program P. O. Box 365		
New Castle, IN 47362-0365 E-Mail: dennyvoiceofandersonspeedway@msn.com (QUESTIONS ONLY)		
Phone: 765-529-7712		

Applications available at: www.knightsofpythiasofnewcastle.com