## KNIGHTS OF PYTHIAS - GRAND DOMAIN OF INDIANA

## **PYTHIAN FAMILY ONLY** EDUCATIONAL ASSISTANCE APPLICATION

Name		
Address(P. O. Box or Street)	(0')	(7) (3.1)
(P. O. Box or Street)	(City)	(Zip Code)
Name of Parents/Guardian		
Your Phone Number ( )		
Residing With:MotherFatherBoth	ParentsOther	(be specific)
Annual Family Income: \$	NetGross (	"X" 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	two years of high scho	ool:
List number of Brothers and Sisters and their	ages:	
How many of your family members are also e	nrolled in college?	
What colleges do other family members attended	d?	
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Explain any unusual family situations of whic	h the committee should	d know

Applicant's Full Name
Name and Address of High School or College you are now attending:
HS/College Phone Number Counselor's Name
Name and COMPLETE address of College you plan to attend next year
College Phone Number (if available)
List any awards or honors achieved by you (be specific)
List school activities you participate in:
List community activities you participate in:
Are you a Pythian? Lodge/Temple name/number you belong to
If you are not, list the name of your Pythian affiliation and what relationship you are:
What Lodge or Temple do they belong to?
Please submit your application and other requirements by JANUARY 25, 2017 to: <b>Pythian Family Assistance Program</b> P. O. Box 365  New Costle, IN 47362, 0365

New Castle, IN 47362-0365 E-Mail: indianaglkop@att.net (QUESTIONS ONLY)

Phone: 765-529-7712

Applications available at: www.knightsofpythiasofnewcastle.com