FRATERNAL ORDER OF POLICE GATEWAY LODGE #138 SCHOLARSHIP AWARD APPLICATION

Namo: _		Date of Birth:
Address:		
	State:	
	ol Attended:	
High School Grade Point Average:		
		Curriculum Taken:
Parents: Mo	other:	9
Address:		
City:		Address: State:
•		
Number of Dependants in Family:		
	*****LIST OF REFERENC	CES NOT RELATED TO YOU*****
Name:		Name:
Address:		Address:
Telephone:		Telephone:
Employer: 0	•	
Address:		
Telephone:		Supervisor's Name:
Have you ap		Total Amounts: \$
	it of money available to you for your first you	
Namo:	COLLEGE OR UNIVER	SITY YOU PLAN TO ATTEND*****
	På a - decita posta	Telephone:
Address:		
City:		State: Zip:
Major:		
What is you	r reason for applying for this award? (Pleas	c use back if necessary.) -> ->
Mail To:		
	POP	Signature of Applicant
	P.O. 15 Sidney, Ohio 45365	THIS FORM WILL BE THE ONLY ONE ACCEPTED MUST BE RECEIVED BY

Must be Returned by April 3, 2018