

EVEREG-FENESSE EDUCATIONAL SOCIETY

College Grant Application for Full Time Students
(Minimum 12 Credit Hours)

Student's Full Name _____ Date of Birth _____

Parents Names _____

Address _____
(Street) (City) (State) (Zip)

Telephone Number _____
(Residence) (Business/Cell: Father/Mother)

Email Address _____

Name of College/University attending _____

Number of Years Attended _____ Number of Units/Credits Completed _____

☐ Full Time Student ☐ Undergraduate ☐ Graduate Student

Expected year of Graduation _____

Marital Status: ☐ Single ☐ Married

Please check one:

☐ I am a descendant of an Everegtzi ☐ I am a descendent of a Fenesetzi ☐ Both

☐ I am not a descendant, but I am married to an Everegtzi or a Fenesetzi

Hyrenagit Family History: (i.e., identify your lineage/direct family relationship or marital relationship to an Everegtzi or Fenesetzi):

(Name) (Relationship) (Native of)

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Please include a copy of your latest "Official" educational transcript with this application.

By signing this application, the student understands that the Evereg-Fenese Educational Society may call upon him/her from time to time to help during social events.

Signature of Applicant

Date

Signature of Chapter President

Chapter