READING F.O.P. LODGE #9



SCHOLARSHIP APPLICATION

Name of Applicant:			
	(first)	(m)	(last)
Applicants date of birth:		SSN:	
Street address:			
City	_ State	Zip Code	
Parent(s) name(s):			
Parent(s) Occupation(s)	:		
Number of dependants i	in the house	ehold:	
Name of High School:_			
Address of High School	:		
Phone number of school	ol:	Date of	graduation:
Name, address and pho	ne number (of Post high school i	nstitution to be attended:
 GPA of college 	or post hi	gh school institut	tion: copies of transcripts
Signature:	anature: Date		

List any school, church or social activities including achievements and awards:			
Brief Explanation on why YOU would like to be awarded this scholarship:			
*Attach additional sheets and copies of certificates, awards etcas needed			
Printed name of F.O.P. parent/step parent:			
Signature of F.O.P. parent/step parent:			
Applicants signature:			
The standard for higher education scholarship is a typed or legibly printed application appropriately presented. All information must be true and correct. Documentation for all honors and awards should be attached. Poorly presented applications will be disqualified.			
Check the box below that applies:			
☐ Please forward this application to the Michael H. Wise II Memorial Foundation, Inc.			
☐ Do not forward this application			