



**My Estimated Costs of Education for the Academic Year are as follows:**

**Tuition:** \$ \_\_\_\_\_ **Room and Board:** \$ \_\_\_\_\_ **Books and Supplies:** \_\_\_\_\_

**Laboratory Fees:** \_\_\_\_\_ **Total \$** \_\_\_\_\_.

**My Family and I will pay:** \$ \_\_\_\_\_ **My unmet needs are:** \$ \_\_\_\_\_

**I have received / or have been promised Financial Aid from the following sources:**

- 1) \_\_\_\_\_ 4) \_\_\_\_\_
- 2) \_\_\_\_\_ 5) \_\_\_\_\_
- 3) \_\_\_\_\_ 6) \_\_\_\_\_

**Attach a copy of your School's Financial Aid Award notification letter (not the application) from the School you will or currently attend. Send it as soon as possible, but no later than July 10, 2022 You may e-mail any questions to Gerald S. Friason at – [gsf33@fuse.net](mailto:gsf33@fuse.net) - "OCOD 2022 " must be in the subject line.**

**CHARACTER REFERENCE: (Not a family member)**

1) Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**Advisor (if any): Pythagorans or Girls Assembly:**

1) Name \_\_\_\_\_ Telephone/email: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**NOTE:**

- 1. Blanks spaces not completed or NA answers may disqualify your consideration.
- 2. **A typewritten statement must be attached** on the subject "**Why I Want a College Education**", including your **vocational preference** and/or **goals**, your **extracurricular activities** and **community activities**.
- 3. After the signature, give this completed application to the appropriate school official who in turn will attach an official transcript (to include: this Class Year's first semester grades, class rank, unweighted GPA, test scores including the Ohio Graduation Test, ACT/SAT test results); and recommendations. Forward the entire application directly to the address shown below.
- 4. Two letters of recommendations from your counselor, teacher, administrator, advisor, minister or employer.
- \*\*5. (CONTINUING STUDENTS) Update your life goal in one hundred words or less.

**SIGNATURES:** We certify the above information to be true, correct and complete.  
We authorize you to share this information with your associates.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent / Guardian's Signature

**PLEASE RETURN THIS FORM TO:**

**Gerald S. Friason**  
**12010 Springdale Lake Drive**  
**Cincinnati, OH 45246**  
**Tel: 513-742-8983 (H) 513-509-7503 (C)**