

The Ohio Council of Deliberation

Ancient and Accepted Scottish Rite of Freemasonry Prince Hall Affiliation - Northern Jurisdiction, U.S.A. Inc.



(TO BE COMPLETED BY STUDENT APPLICANT)

ALL APPLICATIONS MUST BE TYPED

ACADEMIC YEAR 2022

	TODAY'S DATE:							
2021 RECIPII	ENTS need only to comp	lete the items proceeded	d by the double asterisk	ζ (** <u>)</u>				
**I will be a Freshman	Sophomore Ju	nior Senior in	College or Other Statu	18				
PERSONAL INFORMATI	ON							
**Name:								
**Name:Last	First	Condor: Mal	Middle e Female					
Date of Diftii.		Genuel. Mai	le Female					
**Home Address:	City	State Zip	Геlephone: ()					
Street	·							
**Email		Cell phone ()						
PARENT or GUARDIAN:								
Father:								
Last	First	Occupation	Annual S	alary				
Mother:								
Last	First	Occupation	Annual Sa	alary				
Guardian:								
Last	First	Occupation	Annual Sa	alary				
Number of Sibling(s) in you	ur home : Ages:		Siblings now in college					
Are You a Member of the F	Prince Hall Family: Yes	No Pythagoran	Girls Assembly:					
EDUCATIONAL INFORM		5 1 41 en ' T		r e				
** 2021 RECIPIENTS	S "College Transcript" I	Replaces the following E	ligh School Academic I	nformation				
Name of High School I	attend:		Telephone: ()					
Class Rank:	GPA:	SAT / Test Score:	ACT:					
College or Technical Sc	hool I Have Been Accepte	ed To:						
Location:	W	hat is your intended Maid	or:					

ATTACH a copy of your SCHOOL ACCEPTANCE LETTER and FINANCIAL AID LETTER.

•

**Applicants Name:					Page 2.	
My Estimated Costs of	f Education for the Academ	ic Year are a	s follows:			
Tuition: \$	Room and Board: \$		Books an	nd Supplies:	:	
Laboratory Fees:		Total \$			•	
My Family and I will	pay: \$	My unmet	needs are: \$			
I have received / or ha	ve been promised Financial	Aid from the	e following so	ources:		
1)		_ 4)				
2)		_ 5)				
3)						
Gerald S. Friason at – g	nd it as soon as possible. but no sf33@fuse.net - "OCOD 2022" ENCE: (Not a family member	must be in the	aly 10, 2022 e subject line.	You may e-	mail any questions to	
1) Name		Occupation	on:			
Address			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Street	·	City		State	Zip	
Advisor (if any): Pyth:	agorans or Girls Assembly:					
1) Name	Telephone/email:					
Address		City		State	Zip	
NOTE: 1. Blanks spaces not complete. 2. A typewritten statement your vocational preference. 3. After the signature, given (to include: this Class Yeand ACT/SAT test results); and the signature of the signature. 4. Two letters of recomments are signature. **5. (CONTINUING STU	eted or NA answers <u>may</u> disqualify t <u>must be attached</u> on the subject to the and/or <u>goals</u> , your <u>extracurric</u> this completed application to the apar's first semester grades, class rank and recommendations. Forward the dations from your counselor, teach DENTS) Update your life goal in over certify the above information. We authorize you to share this in	your considerati "Why I Want a ular activities ar opropriate school k, unweighted Gl entire application er, administrator, one hundred word to be true, corn	ion. College Educa and community a official who in PA, test scores i an directly to the advisor, minist ds or less. rect and comple	tion", includinactivities. turn will attacluding the Oaddress showner or employer	ng h an official transcript Dhio Graduation Test, n below.	
Applicant's Signature		Parent / Guardian's Signature				

PLEASE RETURN THIS FORM TO: Gerald S. Friason

Gerald S. Friason 12010 Springdale Lake Drive Cincinnati, OH 45246

Tel: 513-742-8983 (H) 513-509-7503 (C)