



L HAROLD GRAY
JOINT FINANCIAL STUDENT AID
APPLICATION
Please type or print



Name of Applicant: _____
 Last First M.I.

Address: _____
 House# Street Apt#

_____ City State Zip

Home/Cell Phone Number: _____ Email Address: _____

1. Age: __ Month/Year of Birth: __ / __ Social Security Number (Last Four): _____

2. Parent/Guardian Name: - - - - -

3. Father's Occupation: _____
 - - - - - Annual Salary: \$ _____

Place of Employment: _____

4. Mother's Occupation: _____ Annual Salary: \$ _____

Place of Employment: _____

5. List All Who Depend on Parent(s)/Guardian Salary, Including Applicant

Name	Age	Relationship	School/Occupation

6. Graduated from: _____ City: _____ State: _____

7. Name of Principal: _____ Telephone No.: _____

8. Name of Counselor: _____ Telephone No.: _____

9. Date of Graduation: _____ Number in Class: _____ Average Grade: _____

10. Name and Address of Colleges to which you have applied:

	College/University Name	Address	City/State
1 st Choice:			
2 nd Choice:			
3 rd Choice:			

11. Where have you been accepted? _____ When do you plan to enter? _____ (If applicable)

12. **Three** Letters of recommendation from:

- a) School Counselor b) Church Official c) Community Group d) Two friends or neighbors

Recommender 1 (Name/Office): _____ -

Recommender 2 (Name/Office): _____ -

Recommender 3 (Name/Office): _____ -

14. Academic transcript or record of grades from 9th through 1st semester of senior year with grade point average.

15. Prepare a brief profile on yourself to include the following

- Personal data
- School Activities
- Education
- Skills
- Awards and/or Honors
- Employment
- Community Service
- Other Significant Accomplishments

16. I hereby declare that to the best of my knowledge and belief, the foregoing statements are complete and correct.

Signature of Applicant *Date*

TO BE COMPLETED BY JURISDICTION GRAND BODY SUBMITTING APPLICATION

Committee's Recommendation of The Applicant: _____

USE PLAIN BOND PAPER FOR ADDITIONAL COMMENTS ON ANY ITEM. PLEASE INDICATE ITEM NUMBER REFERENCED. ATTACH TO THIS FORM

Approved By: MOST EXCELLENT GRAND HIGH PRIEST _____ JURISDICTION
MOST ANCIENT GRAND MATRON

Attest: _____
Grand Chapter or Court Secretary - Official Seal