

Excelsior Lodge Number 1
Independent Order of Odd Fellows
1134 First Avenue
Honolulu, Hawaii 96816-5802

Scholarship Grant Application Form

1. Have you ever previously received a scholarship grant from Excelsior Lodge #1? [Yes] [No]
State date(s) and amount(s) received: _____

2. **Applicant:**

- a. Name: _____
b. Residence Address: _____

c. Mailing address (if different) _____

d. Telephone numbers: (home) _____ (cell) _____
e. Email address: _____
f. Date of Birth: _____
g. Place of Birth: (city state) _____
h. Gender: [Male] [Female]
i. Marital Status: [Single], [Married], [Other] explain other _____
j. Parents:
i. Father's name: _____
ii. Mother's name _____

3. **Excelsior Lodge #1 Member, Relationship to Applicant:**

- a. Name: _____
b. Relationship _____
c. Signature of Excelsior Lodge #1 member: _____
d. Date: _____
e. I certify that this member is currently a member in good standing, or that the Applicant otherwise qualifies under the criteria set forth in The Lodge Scholarship Grants; Criteria and Guidelines directive, effective March 1, 2009.
Signature of Secretary, Excelsior Lodge #1 _____

4. **For High School Graduates or Graduating High School Seniors, Only:**

- a. Name of High School: (last attended) _____
b. Address: _____

c. Date Graduated: _____
d. Grade point average:
i. Current GPA: _____; GPA scale: _____
ii. Graduated GPA anticipated: _____
e. Other relevant information: _____
f. Transcripts, SAT/ACT required.

Scholarship Grant Application Form (Continued)

5. College/University/Trade school:

- a. Institution accepted to and will attend: _____
 - i. Address: _____

- b. Current Institution now attending: _____
 - i. Address: _____
 - ii. Type: _____
- c. Class year you will be entering: {Freshman}, [Sophomore], [Junior], [Senior] [Other] explain other _____
- d. Major (Declared or Intended) Field: _____

6. Applicant statement and consent:

- a. I certify that all the statements made in this application are true to the best of my knowledge.
- b. I agree to abide by all scholarship grant guidelines and criteria.
- c. I agree and grant permission for use of my name and other information for the purpose of promotion, advertising, recognition, and/or news releases including publication, to Excelsior Lodge #1, I.O.O.F., without promise of favor or payment. Documents received will be used solely for the betterment of this Scholarship Grant program and for the acknowledgement of the recipient.
- d. Applicant's signature: _____
Date: _____
- e. Parent or Guardian's signature: _____
Date: _____