

APPLICATION FOR S.H.E.A.F. AWARD
STUDENT HIGHER EDUCATION AWARD FUND
The Grand Chapter of Florida, Order of the Eastern Star, Inc.

Name of Applicant _____

Social Security # _____

Permanent FL Home Address _____

Mailing Address when attending school _____

Cell Phone# _____ E-mail address _____

(Answer the following. Each question must be fully answered.)

Have you or your parents been a continuous resident of the State of Florida for the last 5 years? _____

Have you or your parents been a continuous member of a Florida O.E.S. Chapter for the last 5 years? _____

Name the person on whose membership in FL O.E.S. you are seeking this grant: _____

What is your relationship to this person? _____ Give chapter name and number _____

Give the total number of years of continuous membership in a FL O.E.S. Chapter for this person: _____

Are you a member of a FL O.E.S. Chapter? _____ Give chapter name and number _____

Give Parents Occupation _____

List any jobs you may have _____

List number in your family living at home ____ Give ages _____

Approximate Household Family Income _____

AMOUNT OF AWARD REQUESTED (Maximum of \$2000 per year for a maximum of 4 years)

Per Semester _____ Total for the year _____

Do you have a scholarship? _____ Give amount and source _____

SCHOOL TO ATTEND: _____

(State whether a College, University, Professional or Vocational-Technical School)

Has your application been accepted? _____

Address of School's Financial Aid Office _____

COLLEGE STATUS: (Should be a Junior or Senior) _____

Degree or Certification sought _____ Graduation Date _____

Signature of applicant _____ Date of Application _____

Chapter name and number sponsoring applicant: _____

(CHAPTER SEAL)

_____ Worthy Matron

_____ Secretary

Deadline for the State Chairman to receive everything is May 1st for the Fall Semester and November 1st for the Spring Semester.

Rev. 2022