## 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 a	address
(Answer the following. Each question must	be fully answered.)
Have you or your parents been a continuous re	sident of the State of Florida for the last 5 years?
Have you or your parents been a continuous me	ember of a Florida O.E.S. Chapter for the last 5 years?
Name the person on whose membership in FL $\alpha$	D.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 m	embership 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 home0	iive ages
Approximate Household Family Income	
AMOUNT OF AWARD REQUESTED (Maximum o	f \$2000 per year for a maximum of 4 years)
Per SemesterTo	tal for the year
Do you have a scholarship? Give amour	at 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
	Date of Application
Chapter name and number sponsoring applicar	nt:
	———— Worthy Matron
(CHAPTER SEAL)	
	Secretary

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

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