

## Mountain Home Lodge B.P.O.E No. 1714

P.O. Box 96 Mountain Home, Arkansas 72654-0096 A Fraternal Organization

Last Name of Applicant	First Name	Middle Initial	Date
Address (Street, City, State, Zip)			
Email address	Home Phone	Cell Phone	<u> </u>
Eman address	Home Fhone	Con I non	•
Parents' Name and Address			
Highest Test Score: ACT	SAT	7 Semeste	r GPA
High School Attended	Number in class Your rank		
Future Plans: Institution	Area of specialization		
Please attach a TRANSCRIPT a	nd TEST SCORES fi	rom your high school.	
		N.	
Father's (stepfather's, guardian's)	occupation		<u> </u>
Mother's (stepmother's, guardian'	s) occupation		
# of dependent children(including	g applicant)	# of children in colleg	e next year
Extenuating circumstances (attac	h separate sheet if app	licable)	
Parent's Adjusted Gross Income	from last vear's tax ret	urn and/or	r this year's

In the space below, please tell us a little about your future plans and why you are seeking and deserving of financial aid. Feel free to attach any documents you feel would be of assistance to our selection committee.			
I understand all entries are strictly confidential and become the property of Mountain Home Elks Lodge #1714 and will not be returned. I certify to the best of my knowledge, all answers and statements are correct.			
Date Signature of applicant			

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