

CHAPTER 1770  
SCHOLARSHIP APPLICATION  
\$750.00 WILL BE AWARDED

MEMBER CERTIFICATE/POLICY # \_\_\_\_\_ (Optional)  
Name of High School \_\_\_\_\_

\_\_\_\_\_  
LAST NAME FIRST NAME  
M.I.

\_\_\_\_\_  
ADDRESS (Include Apt. #)

\_\_\_\_\_  
CITY ZIP CODE

\_\_\_\_\_  
PHONE NUMBER EMAIL ADDRESS

GPA \_\_\_\_\_ Facebook \_\_\_\_\_

SCHOOL AND OTHER EXTRA CURRICULAR ACTIVITIES(ADD PAPER IF NEEDED):

\_\_\_\_\_  
Please prepare and submit with the application an Essay of why this Scholarship is important to you:  
\_\_\_\_\_