

Application Lawson / Pezo Vocational Technology Scholarship

Educational Foundation
The Sovereign Grand Lodge
Independent Order of Odd Fellows

FOR OFFICE USE ONLY
Date Received

IMPORTANT INSTRUCTIONS

Answer every question carefully and completely.
Type or print clearly and legibly.

Date _____

1. Name of Applicant _____ Phone Number (____) _____

2. Permanent Address _____
Street or Post Office Box City State Zip

3. Date of Birth: - - Social Security #:

4. Vocational Technology where you expect to use the scholarship _____

(a) Address of School _____
(Registrar) Street or Post Office Box City State Zip

(b) Grade or Year in School Next Semester or Quarter: Freshman Sophomore Junior Senior Post Graduate

(c) Degree for which you are preparing: _____

5. Father's Name _____ 6. Father's Occupation _____

7. Father's Address _____
Street or Post Office Box City State Zip

8. Mother's Name _____ 9. Mother's Occupation _____

10. Mother's Address _____
Street or Post Office Box City State Zip

11. Are you married? YES NO Number of Dependents _____ Name of Spouse _____

12. If you are a minor and have a Legal Guardian, give name of Guardian _____

13. Guardian's Address _____
Street or Post Office Box City State Zip

14. Are you receiving or expect to receive any other Scholarships, Fellowships, Grants, Bursaries (Canada) or other student aid? YES NO

If so, please list each with the amount. _____

15. Do you, or does anyone as payee for you, receive:

(a) Social Security Benefits YES NO

(b) Veterans Administration Benefits YES NO

(c) G.I. Bill Benefits YES NO

(d) Trust Fund Payments YES NO

If so, indicate source and monthly or other periodic amount. _____

19. Please attach a copy of the following Income Tax Returns :

- YOURS
- YOUR SPOUSE'S, IF YOU ARE MARRIED
- YOUR LIVING PARENTS'
- YOUR GUARDIAN'S, IF APPLICABLE

If you are unable to provide this information, your Scholarship Application will not be considered.

21. IMPORTANT. Except for the required Tax Returns, please do not attach any documents, letters or explanations other than in the space provided for in this application.

AFFIRMATION OF APPLICANT

To the best of my knowledge and belief, the information reported in this application is complete, accurate and correct.

Signature

**Please return the
completed application
by June 1, 2005 to:**

LAWSON / PEZO SCHOLARSHIP
P.O. BOX 20455
WINSTON-SALEM, NC 27120

THE LAWSON / PEZO SCHOLARSHIP IS BASED ON FINANCIAL NEED ONLY.

REQUIREMENTS:

1. ALL APPLICANTS MUST HAVE COMPLETED HIGH SCHOOL OF HIGH SCHOOL EQUIVALENT GED.
2. THE COMPLETED APPLICATION IS DUE BY JUNE 1, 2005.

**RESULTS WILL BE SENT TO APPLICANTS PRIOR TO
AUGUST 1, 2005.**

PHOTOGRAPH

Attach here within the box with
tape. Need not be an expensive
picture but taken within the last
year.