

Grand Encampment of Knights Templar

United States of America & Its Jurisdictions, P.H.A., Inc.

CHAUNCY O'HARA DAUGHERTY

Student Aide Assistance Application



Rules, Regulations, and Eligibility Requirements

- 1. The applicant shall be a graduating senior from high school at the time he/she submits this application.
- 2. This is a **one-time scholarship award opportunity only**.
- 3. The applicant must plan to enter an institution of higher learning in the fall semester immediately following the ensuing conclave of the Grand Encampment.
- 4. **APPLICATION WINDOW:** Application for scholarship will need to be completed and submitted to the scholarship committee to the address below as early as **February 1**st of each year, but no later than **June 1**st of each year.
- 5. Applicant must submit at least three (3) letters of recommendation (details provided herein).
- 6. The applicant must submit a transcript of his/her high school credits, SAT/ACT scores, et cetera in **sealed envelopes**.
- 7. The applicant must submit a brief profile of him/herself in the form of a résumé. Picture is optional.
- 8. The sponsoring Grand Commandery <u>must</u> sign and seal the application.
- 9. The sponsoring Grand Commandery **must** be an affiliated jurisdiction of the Grand Encampment.
- 10. Incomplete submissions will not be considered.
- 11. Mail completed application and recommendation to:

G.E.K.T. STUDENT AIDE COMMITTEE

116 Tallyho Way

Elizabethtown, Kentucky 42701

markmaxwell55@yahoo.com





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CHAUNCY O'HARA DAUGHERTY



Student Aide Assistance Application

Name of Applicant:					
	Last		Fir	st	M.I.
Address:					
House #	Street			Apt. #	
City					7:
•	State <u>Email:</u>			Zip	
-					
Age: Date o	f Birth:/	/	Class	Rank, if applicable:	
Date of Graduation:				G.P.A.:	
	Mother's Inform	nation	Fat	her's Information	Guardian's Information
Name					
Home Phone					
Address					
Occupation					
Business Phone					
Place of Employment					
List all who	depend on par	ents/g	uardia	ıns salary, incl	ıding applicant:
Name			Age	Relationship	

High School:	
Name of Counselor:	
Name and address of College/University to which yo	ou have applied:
1 st Choice:	
2 nd Choice:	
3 rd Choice:	
When do you plan to enter:	
Please attach at least three (3) Letters of Recomme (a) School Counselor (b) Church Official (c) Co Neighbors	ndation from any of the following: ommunity Group (d) Two Recommendations from Friends or
1) Name:	
2) Name:	
3) Name:	
Year with grade point average. Please prepare a brief profile on yourself to include	
I certify that all the information submitted in suppo knowledge. I understand that any false informati assistance award from the Grand Encampment of F	on; d) Other skills; e) Awards & Honors; f) Employment ort of my application is complete and accurate to the best of my ion will make me ineligible to receive this one-time financial Knights Templar, P.H.A. By signing below, I authorize that my released to donors or used for publication.
Student's Signature	Date
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To Be Completed By Jurisdi	ction Grand Body Submitting Application
Committee's Recommendation of the Applicant:	
Approved By:	GRAND COMMANDER
Attacted By-	
Attested By:	CDAND DECODDED