



## ***Grand Lodge of California*** ***Independent Order of Odd Fellows***

**Higher Education Fund Committee**  
**122 Race St.**  
**San Jose, CA. 95126**  
**Phone: 408.753.9663 – Fax: 408.899.4921**

To All Members,

January 9, 2018

The Grand Lodge of California is pleased to announce the Higher Education Fund Committee. All members and relatives of members are eligible for consideration providing the following guidelines are met.

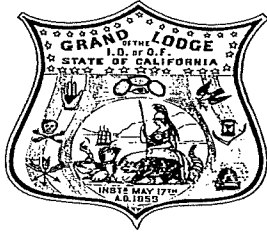
1. The student must have a 3.00 Grade Point Average or greater (B average). High School, and College (if applicable) transcripts for grade point verification.
2. The student must show evidence of enrollment in an accredited college or trade school. Include student ID and address to school cashier.
3. The student must show evidence of class scheduling (minimum 12 units), state major course.
4. The student may give references.

The applicant should be able to present a short essay on themselves along with expectations of their future through their course of studies. Any special additional items of interest such as Community Service will be reviewed in the Committee's decision.

All applicants are welcome to submit requests and are encouraged to do so at their earliest convenience. No application will be looked at until all paper work is received by the committee. The committee will make every effort to respond promptly to each request. (The four items above must accompany the application).

In Friendship, Love, and Truth,

Rod Metoyer, Chairman



# Grand Lodge of California

Independent Order of Odd Fellows

## HIGHER EDUCATION FUND

122 Race St.

San Jose, CA. 95129

### HIGHER EDUCATION FUND COMMITTEE – APPLICATION FORM

Applicant \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Sponsoring Member \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Sponsoring Lodge(s) \_\_\_\_\_ # \_\_\_\_\_ - \_\_\_\_\_ # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

#### SCHOOLS ATTENDED

Name(s)	Location(s)	Date(s)	Graduated	G.P.A.
_____	_____	_____	YES / NO	_____
_____	_____	_____	YES / NO	_____
_____	_____	_____	YES / NO	_____

#### LIST COMMUNITY & EXTRA CURRICULAR ACTIVITIES

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Current School: \_\_\_\_\_ Class: \_\_\_\_\_

Current Curriculum: \_\_\_\_\_ Major: \_\_\_\_\_ Units: \_\_\_\_\_

#### PERSONAL EXPLANATION OF YOUR REQUEST FOR ASSISTANCE

\_\_\_\_\_

#### NON-PARENT PERSONAL REFERENCE

#### FOR COMMITTEE USE ONLY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_ Approval \_\_\_ Denial \_\_\_ Hold

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Initials \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Initials \_\_\_\_\_