**FLORIDA STATE AERIE   
FRATERNAL ORDER OF EAGLES   
SCHOLARSHIP APPLICATION PACKAGE**Dear Applicant:   
  
Please read the application carefully, and follow all the instructions as set out in the application and the eligibility requirements.   
  
**The Secretary of the Eagles Aerie or Auxiliary that your father, mother, grandfather, grandmother or legal guardian is a member of, or that you are a member of, must certify the application to ensure that all eligibility requirements are met.**The application must reach the State of Florida Scholarship Committee Chairman (30) days prior to the opening day of the Florida State Convention, which usually takes place the week that ends on Father's Day each June. This will allow time for screening and preparation for the selection process at the State Convention. You will be notified if you are selected through the telephone number you have indicated on your application.

The amount of each scholarship awarded is determined by the amount of funds raised during the year and the number of eligible applicants. If you have received a Florida State Fraternal Order of Eagles Scholarship Award previously, please indicate the amount and the year received as an addendum to your 100 word statement. You may still be eligible if the previous award was given for a different major and/or school.  
  
We wish you good luck.

**SEND APPLICATIONS TO:**

**Scott and Kim Huxtable  
Scholarship Fund Co-Chairs**5820 URDEA RD **JUPITER, FL 33458**

**IF YOUR APPLICATION IS NOT FILLED OUT COMPLETELY AND ALL REQUIREMENTS ARE NOT MET, IT WILL NOT BE CONSIDERED.**

**I HAVE ATTACHED THE FOLLOWING:**

1. APPLICATION FORM
2. A document indicating that I have been admitted to an accredited College or University or Trade School in or out of the State of Florida. My name and the name of the College, University or Trade School are clearly shown on the document.
3. A 100 word statement, signed and dated, stating the reason I wish to obtain a College degree or attend a Trade School.
4. Three (3) Character References:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ADDRESS: STREET, CITY, STATE, ZIP CODE TELEPHONE NUMBER

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ADDRESS: STREET, CITY, STATE, ZIP CODE TELEPHONE NUMBER

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ADDRESS: STREET, CITY, STATE, ZIP CODE TELEPHONE NUMBER

**APPLICANT SIGNATURE & DATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AERIE OR AUXILIARY SECRETARY OF EAGLE MEMBER:**

I CERTIFY THAT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is the (son),

(stepson), (grandson), (daughter), (step-daughter), (granddaughter), (ward of a legal guardian), of a member in good standing of the Fraternal Order of Eagles; or is the (son), (stepson), (grandson), (daughter), (step-daughter), (granddaughter), (ward of a legal guardian) of a member of the Fraternal Order of Eagles deceased since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; or is a member in good standing of an Aerie or Auxiliary of the Fraternal Order of Eagles chartered in the State of Florida.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AERIE/AUXILIARY SECRETARY SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AERIE/AUXILIARY NAME & NUMBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE & ZIP CODE **AERIE/AUXILIARY SEALAPPLICATION FORM**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET CITY STATE ZIP CODE

TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTH DATE & PLACE OF BIRTH:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MONTH/DAY/YEAR CITY STATE

SEX: MALE (\_\_\_\_\_) FEMALE (\_\_\_\_\_) CITIZENSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF HIGH SCHOOL ATTENDED & YEAR OF GRADUATION (Not required for Trade School

Applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU ATTENDED A COLLEGE, UNIVERSITY OR TRADE SCHOOL PREVIOUSLY?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Yes or No). IF SO, NAME OF SCHOOL ATTENDED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT WAS YOUR MAJOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW MANY YEARS ATTENDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS/GRANDPARENTS OR LEGAL GUARDIANS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER/GRANDFATHER OR MALE GUARDIAN – FIRST/MIDDLE/LAST

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET Address, City, State & ZIP CODE

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MOTHER/GRANDMOTHER OR FEMALE GUARDIAN – FIRST/MIDDLE/LAST

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET Address, City, State & ZIP CODE

**IS YOUR FATHER/MOTHER, GRANDFATHER/GRANDMOTHER OR LEGAL GUARDIAN A MEMBER OF THE FRATERNAL ORDER OF EAGLES?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(YES OR NO)

IF SO, AERIE #, CITY & STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ARE YOU A MEMBER OF THE FRATERNAL ORDER OF EAGLES?**  \_\_\_\_\_\_\_\_\_\_\_\_(YES OR NO)

IF SO, AERIE #, CITY & STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_