



B.O.Y. Scholarship



Bill Owen Youth Scholarship

APPLICATION DUE BY: May 15, 2017

**Send to: Leatrice Massey, PGM, Grand Secretary
1415 N Walnut St.
Guthrie OK 73044**

Any Questions Please Call: (405) 282-1142 or (405) 990-1224 cell

Or Email: gs@okoes.org

(First Name) (Middle Name or Initial) (Last Name)

(House Number and Street) (City, State) (Zip Code)

(Area Code and Telephone Number) (Social Security Number)

(Email Address) (Name of Youth Group)

(Date of Graduation from High School)

**PLEASE ATTACH A CURRENT TRANSCRIPT OF GRADES FROM THE
HIGH SCHOOL OR COLLEGE YOU ARE NOW ATTENDING.**

(Have You Applied For Any Other Scholarships? (Yes or No)) (Name of Institution? City and State)

(Are You Receiving Any Other Scholarships? (Yes or No)) (Name of Institution You Are Attending?)

\$ _____
(Dollar Amount of Scholarship)

(Do Your Parents Plan To Assist You With Your Expenses? (Yes or No)) (Estimate Dollar Amount)

(Do You Plan To Work To Assist With Your Expenses? (Yes or No))

(Father's Name)

(Occupation)

(Mother's Name)

(Occupation)

(Number of Children in Family?)

(How Many Are Living At Home?)

(How Many Are Attending College?)

(Any Unusual Circumstances That Might Affect Your Need for a Scholarship.) (Use all 3 Lines If Necessary)

(Present College, City and State)

(Grade Point Average)

(What Is Your Intended Major?)

(ACT Score)

(SAT Score)

(Name Of College That I Have or Will Apply To Attend)

(Address of Institution)

(City, State and Zip Code)

(Give Address of the Financial Aid Office or Bursar's Office the Check Is to Be Sent To)

(City, State and Zip Code)

(Have You Been Accepted For Admission?)

(Yes)

(No)

(Have Not Heard)

(Signature of Applicant)

(Signature of Youth Group Leader When Applicable)

(Area Code and Telephone Number)

Remember Application Is Due By: May 15, 2017