

OKLAHOMA GRAND REPRESENTTIVES ASSOCIATION  
SCHOLARSHIP APPLICATION

MARY LYNCH, CHAIRMAN

1630 E. Washington Place

Broken Arrow, OK 74012

918-355-6817

Filing Deadline—May 31, 2017

(All questions must be answered or explanation given. Any incomplete application will not be considered.)

Applicant Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ M  F  US Citizen: Y  N

Social Security Number: \_\_\_\_\_

Name of OGRA member: \_\_\_\_\_

Date of death if deceased: \_\_\_\_\_

Your relationship to OGRA Member: \_\_\_\_\_

Present school or school last attended: \_\_\_\_\_

GPA: \_\_\_\_\_ ACT/SAT Score: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Will you receive any other scholarships? \_\_\_\_\_

Source of scholarship: \_\_\_\_\_

Family Income: \_\_\_\_\_ Number of persons dependent on this income: \_\_\_\_\_

Detail any extraordinary expenses affecting personal or family situation: \_\_\_\_\_

Name of college or school: \_\_\_\_\_

Address of Financial Aid Office: \_\_\_\_\_

Full Time Student: Y  N  Part Time Student: Y  N

Has your admission been approved? Y  N  Have not heard yet? Y  N

Please attach a letter of recommendation from a teacher, counselor, minister, community leader, or employer (not a relative). Also, enclose a biographical letter about your interests, goals, need for financial aid, or any other information to assist in the evaluation of your application.

**You MUST attach a current certified copy of your transcript from the high school, college or any higher educational center you re attending.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)