

## Bill Owen Youth Scholarship

APPLICATION DUE BY: May 15, 2024

Send to: Doris Owen, Past Grand Matron

12633 Downsview Lane

Oklahoma City, OK 73142

Any Questions Please Call: (405) 834-3676

Or Email: dreammakers2021@yahoo.com

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(First Name)

(Middle Name or Initial)

(Last Name)

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(House Number and Street)

(City, State)

(Zip Code)

---

(Area Code and Telephone Number)

(Social Security Number)

---

(Email Address)

(Name of Youth Group)

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(Date of Graduation from High School)

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

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(Have You Applied For Any Other Scholarships? (Yes or No)

(Name of Institution? City and State)

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(Are You Receiving Any Other Scholarships? (Yes or No)

(Name of Institution You Are Attending?)

\$ \_\_\_\_\_

(Dollar Amount of Scholarship)

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

(Estimate Dollar Amount)

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(Do You Plan To Work To Assist With Your Expenses?

(Yes or No)

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(Father's Name) (Occupation)

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(Mother's Name) (Occupation)

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(Number of Children in Family?) (How Many Are Living At Home?)

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(How Many Are Attending College?)

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

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(Present College, City and State) (Grade Point Average)

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(What Is Your Intended Major?) (ACT Score) (SAT Score)

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

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(Address of Institution)

---

(City, State and Zip Code)

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

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(City, State and Zip Code)

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(Have You Been Accepted For Admission?) (Yes) (No) (Have Not Heard)

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(Signature of Applicant)

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(Signature of Youth Group Leader When Applicable) (Area Code and Telephone Number)

**Remember Application Is Due By: May 15, 2024**