FRATERNAL ORDER OF EAGLES
MEMORIAL FOUNDATION
EDUCATIONAL ASSISTANCE REQUEST FORM

Student Name: _____
(Last) (First) (Middle)

Institution Name: _____

Type of Institution: Traditional College/University Vocational/Technical School On-Line
Student Status: New Student/First Time Applicant Enrolled Student Continuing Education
College Level Year based on credit hours: Freshman Sophomore Junior Senior
Tech/Vocational School Year: First Second Third Fourth

Date Student Enrollment Begins: _____ Expected Date of Graduation: _____

Area of Study: _____

Degree or Certification Granted Upon Completion of Education: _____

FINANCIAL ASSISTANCE REQUESTED:

	FALL	WINTER	SPRING	SUMMER	TOTAL
Dates					
Tuition					
Books					
Class Fees					
Total					
Less:					
Scholarships					
Grants					
Other					
Balance remaining					
Assistance requested*					

*May not exceed $6,000 per school year.

_____ _____
Date/ Signature of Student Date/ Signature of Financial Aid Officer