FRATERNAL ORDER OF EAGLES
MEMORIAL FOUNDATION
HOME ON THE RANGE AUTHORIZATION

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

HOME ON THE RANGE INFORMATION:

Dates of Residency: From: _____ To: _____

Did Student graduate High School or complete their GED within the last two years? _____Yes _____No

Did Student successfully complete the program? _____Yes _____No

If the program was successfully completed by the student, does Home on the Range recommend the student for participation in the Memorial Foundation program? _____Yes _____No

Comments: _____

_____

_____

_____

_____ _____
Date Signature of HOTR Administrator/Authorized Person

Please forward *Application for Educational Assistance Form*, *Educational Assistance Request Form, Family Tax Information Form,* and *Home on the range Authorization Form* to:

Eagles Memorial Foundation
c/o Grand Aerie Charity Department
1623 Gateway Circle South
Grove City, OH 43123