



**Zumbro Aerie F.O.E. 2228  
Rochester, MN**

Name: \_\_\_\_\_ High School: \_\_\_\_\_  
(Last) (First) (MI)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(MM/DD/YY)

Email: \_\_\_\_\_

Best Telephone Number for Contacting: \_\_\_\_\_

Are you an American citizen? Y\_\_\_\_\_ N\_\_\_\_\_ (Resident alien status does not qualify. Applicant must be a citizen on the date of application)

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. If you purposely give false or misleading information, you will be disqualified from being considered for a scholarship. You agree to the use of your name and information contained within the application for advertising and publicity purposes without consent or compensation.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Applicant: \_\_\_\_\_

- 1) Please state your plans for your post-secondary education or vocational training.
- 2) The motto of the Fraternal Order of Eagles is "People Helping People". Please describe or show how you exemplify this mission.

Please provide your responses on a separate sheet(s) of paper labeled with your name and date. All materials must be received before **April 1, 2023**. Mail or deliver to:

**Fraternal Order of Eagles  
Attn: Scholarship Committee  
917 15<sup>th</sup> Ave SE  
Rochester, MN 55904**