



**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 7, 2024**. Mail or deliver to:

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