

**Athens Elks Lodge No. 973  
Past Exalted Rulers Association  
Scholarship Application  
In Honor of Dent Dailey**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First M.I.

Street Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_  
Mo Day Year City & State or Country

School \_\_\_\_\_ (Must be Athens, Alexander, or Federal Hocking school district)

Applications must be returned by **May 15, 2009** Applications are to be mailed to: Scholarship Chairman, Athens Elks, 600 West Union Street, Athens, OH 47501

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include a copy of your U.S. or state income tax form as well as a copy of your high school transcript and attendance records. If you purposely give false or misleading information, you will be disqualified. You agree to the use of your name, and any information contained within the application **except** for the parental financial information, for advertising, promotional and publicity purposes without consent compensation

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Student)

Printed/Typed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Mother/Stepmother)

Printed/Typed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Father/Stepfather)

Printed/Typed Name: \_\_\_\_\_