

Date \_\_\_\_\_ AWARD AMOUNT \$ \_\_\_\_\_

APPLICATION FOR ERNA PAGEL GRANT

NAME \_\_\_\_\_  
(Last) (First) (Middle)

PERMANENT ADDRESS \_\_\_\_\_  
(Street, P.O. Box) (City) (State) (Zip)

DATE OF BIRTH \_\_\_\_\_ Cellphone # \_\_\_\_\_  
(month, day, year)

Email \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

SCHOOL DATA

High School Attended \_\_\_\_\_

Graduation Date Mo. \_\_\_\_\_ Year \_\_\_\_\_

Name of post-secondary school for which applicant's grant is requested:

\_\_\_\_\_

\_\_\_\_\_ 4 year college/university

\_\_\_\_\_ Graduate School

\_\_\_\_\_ Vo tech

\_\_\_\_\_ Business/computer

\_\_\_\_\_ Community college

\_\_\_\_\_ Other

Accredited? \_\_\_\_\_ yes \_\_\_\_\_ no

Full-time student \_\_\_\_\_ Part-time student \_\_\_\_\_

Number of study hours per quarter/semester/term \_\_\_\_\_

Address of school \_\_\_\_\_  
\_\_\_\_\_

Anticipated date of graduation from post-secondary program \_\_\_\_\_  
Month Year

Major field of study applicant plans to pursue \_\_\_\_\_

Other years you have received this grant \_\_\_\_\_  
\_\_\_\_\_

**PLEASE FILL IN ALL AREAS COMPLETELY** and mail to: Grant Committee  
P.O. Box 282  
Grafton, IA 50440

Application must be postmarked no later than August 1.