

Date _____ AWARD AMOUNT \$ _____

APPLICATION FOR ERNA PAGEL GRANT

NAME _____
(Last) (First) (Middle)

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

DATE OF BIRTH _____ TELEPHONE # _____
(month, day, year) WORK # _____

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.