

# AANR-EAST EDUCATIONAL GRANT APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(City) (State) (Zip)

HIGH SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(City) (State) (Zip)

DATE OF GRADUATION: \_\_\_\_\_

I INTEND/PLAN TO ATTEND: \_\_\_\_\_  
(College or University)

FIRST ALTERNATE: \_\_\_\_\_

SECOND ALTERNATE: \_\_\_\_\_

PROPOSED FIELD OF STUDY: \_\_\_\_\_

AWARD TO BE PAID TO \_\_\_\_\_ APPLICANT \_\_\_\_\_ UNIVERSITY

NAME OF PARENTS OR GUARDIAN (If applicable):  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(City) (State) (Zip)

AANR NUMBER: \_\_\_\_\_ YEAR OF INITIAL MEMBERSHIP: \_\_\_\_\_

CLUB: \_\_\_\_\_

Return this Cover Sheet along with the Questionnaire to:

AANR-East Educational Grant Committee  
P. O. Box 290, Youngstown, FL 32466-0290

Request letters of recommendation be sent to the Committee from the following individuals:

- Club Certifying Officer
- School Guidance Counselor or College Advisor
- A Personal Reference who has known you for three years

Appropriate transcripts should be sent directly to the Committee.