

B.O.Y. Scholarship



(Middle Name or Initial)

(First Name)



(Last Name)

Bill Owen Youth Scholarship

APPLICATION DUE BY: May 15, 2023
Send to: Doris Owen, Past Grand Matron
12633 Downsview Lane
Oklahoma City, OK 73142

Any Questions Please Call: (405) 834-3676 Or Email: dreammakers2021@yahoo.com

(House Number and Street)	(City, State)	(Zip Code)
(Area Code and Telephone Number)		(Social Security Number)
(Email Address)		(Name of Youth Group)
(Date of Graduation from High Schoo	l)	
		NSCRIPT OF GRADES FROM THE OU ARE NOW ATTENDING.
(Have You Applied For Any Other Sch	olarships? (Yes or No	o) (Name of Institution? City and State)
(Are You Receiving Any Other Scholar	rships? (Yes or No	(Name of Institution You Are Attending
\$(Dollar Amount of Scholarship)		
(Do Your Parents Plan To Assist You V	Vith Your Expenses?	(Yes or No) (Estimate Dollar Amount)
Do You Plan To Work To Assist With	Your Expenses?	(Yes or No)

(Father's Name)		(Occu	pation)	
(Mother's Name)		(Occupation)		
(Number of Children in Family?)		(How	Many Are Living At Home?)	
(How Many Are Attending College?)				
(Any Unusual Circumstances That Might Affect Yo	ur Need for a S	cholarship.) (Use	e all 3 Lines If Necessary)	
(Present College, City and State)			(Grade Point Average)	
(What Is Your Intended Major?		(ACT Score)	(SAT Score)	
(Name Of College That I Have or Will Apply To Att	end)			
(Address of Institution)				
(City, State and Zip Code)				
(Give Address of the Financial Aid Office or Bursar	r's Office the Ch	eck Is to Be Sent T	о)	
(City, State and Zip Code)				
(Have You Been Accepted For Admission?)	(Yes)	(No)	(Have Not Heard)	
(Signature of Applicant)				
(Signature of Youth Group Leader When Applicable)		(Area Code and Telephone Number)		