



Orphan's College Scholarship Benefit Application

Qualification Criteria:

- A qualifying child is someone who becomes orphaned and:
 - is a financial member of Degree of Honor
 - OR
 - at least one legal parent has died while being a financial member of Degree of Honor.
- Legal parent is defined as the natural parents or the legally adopted parents, assuming the child was legally adopted prior to the death of both natural parents.
- The student must be 23 years of age or younger to apply.
- Student must apply annually.

**Completing this application does not guarantee receipt of the benefit.*

A separate application must be completed for each eligible applicant (i.e. orphan). *Please type or print clearly.*

1. Orphan Information *(A copy of the orphan's birth certificate must be provided.)*

Name _____	Policy number <i>(if applicable)</i> _____
Address _____	Date of birth _____
City _____ State _____ Zip _____	Social Security number _____
Telephone Number _____	

COMPLETION OF SECTION 2 REQUIRED ONLY FOR FIRST-TIME APPLICANTS

2. Deceased Parents Information *(Certified copies of Death Certificate(s) and Legal Adoption papers (if applicable) must be provided, if not already on file with Degree of Honor.)*

List the legal natural and/or adoptive parent(s) of the child.

Father's name _____	Date of death _____
Member at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy number <i>(if known)</i> _____
Check One: <input type="checkbox"/> Legal natural father <input type="checkbox"/> Adoptive father	

Mother's name _____	Date of death _____
Member at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy number <i>(if known)</i> _____
Check One: <input type="checkbox"/> Legal natural mother <input type="checkbox"/> Adoptive mother	

(Continued)
Be sure to sign and date the reverse side of this application.

3. College Information (*Proof of college enrollment and copy of tuition statement must be provided.*)

Name of school _____

Address of school _____

City, State, Zip _____

Studies are on a: full-time part-time basis.

If part-time, explain _____

Maximum benefits are \$2,000 per semester over an 8 semester course of study.
If approved, the scholarship check will be made payable to the school and sent to the applicant.
Payments will not be made retroactively.

Please mail the documents listed below to:

Member Services Department, Degree of Honor, 1100 West Wells Street, Milwaukee, WI 53233-2332

- **Completed Orphan's Scholarship Benefit Application**
- **Copy of orphan's birth certificate**
- **Proof of college enrollment**
- **Copy of tuition statement**
- **Legal adoption papers (if applicable)**
- **Certified copies of legal natural and/or adoptive parent death certificate(s)**

If you have any questions, please contact the Member Services Department at 800-927-2547 or 414-273-6266.

Any person who knowingly presents a false statement in an application for a member benefit may be guilty of a criminal offense and subject to penalties under state law.

Signature:

I understand and agree that I have read the above statements and answers, and that they are true and complete to the best of my knowledge. I authorize any educational institution where I am registered to provide Degree of Honor with such information as may be necessary to determine benefit qualifications. I understand that the determination of eligibility for Orphan's Scholarship Benefit payments is at the sole discretion of Degree of Honor. The Orphan's Benefits program is a fraternal benefit and not a guaranteed contractual benefit.

Signature of applicant _____ Date _____