

NEW YORK STATE ELKS ASSOCIATION EMERGENCY GRANT SCHOLARSHIP INFORMATION

(Please print all information)

Deceased / Disabled Member (circle one):

Last Name: _____ **First Name** _____ Middle Initial _____

Member Number _____ Date of Initiation _____

Date of Death / Disability _____

Spouse/Contact Name: _____

Spouse/Contact Address: _____

Spouse/Contact Phone Number: Area Code () Number _____

Children:

Name _____ Age _____ Grade _____
Date of Birth _____

Name _____ Age _____ Grade _____
Date of Birth _____

Name _____ Age _____ Grade _____
Date of Birth _____

Name _____ Age _____ Grade _____
Date of Birth _____

Lodge(name and number) _____

Lodge Secretary _____ Date _____

This form should only be used if the deceased/disabled member has college age children or younger. The bolded fields are the most important. If you don't know the children's information, still send me this form. I will contact the spouse. I will set up a database that will tell me when the children will be ready for college.

Please mail or E-mail this form to:

Vicki Brown, PDDGER

NYS Elks Emergency Grants

17 North Street

Ballston Spa, NY 12020

Email: VickiBrownPDDGER@gmail.com

To contact me:

(518) 884-8012