

**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:

Lisa Minnich, PDDGER
NYS Elks Emergency Grants
48 Tyler Road
Vermontville. NY 12989-3808

To contact me:
(518) 891-5265

mminnich@capital.net