



RIEOSO

THE RESEARCH AND IDENTIFICATION OF EARLY OCCUPANCY OF SOUTHERN OHIO

Stewart Office
Genealogy Studies, Research and Identification
PO Box 179, Stewart, Ohio 45778
E-mail: rieosotree@sbcglobal.net

Bedford Office
General Mailings, Production and Administrations
PO Box 461015, Bedford, Ohio 44146
Voice: 440-439-6063 Fax:440-439-9965

FCIOO Member Number:_____

Academic School Term_____
Fall year - Grad year

Dear Student,

Congratulations on your accomplishments. You must have a membership number with The Federal Creek Indian Organization of Ohio to complete this application. This should be your graduating year from High School. To be eligible to receive a Recognition Certificate and or a Scholarship Award from our organization you and your parents must be in active status with FCIOO.

Please complete the enclosed application/s (those that apply) and return them as soon as possible to the address on each application.

Requirements:

Recognition Application 2.9 GPA - Certificate for completion of High School credits and State Requirements for your academic achievements. Deadline March 31, of graduating year.

Scholarship Application 2.9 GPA - Scholarship Award, funds toward College entrance for tuition, books and fees. College major is not needed at this time. College 2 year degree or 4 year degree institute, Technical or Vocational school. Deadline March 31, of graduation year.

Scholarship Assistance - You may qualify for additional assistance towards your entrance to a 2 year degree program of secondary education or Technical, Trade and or Vocational school. Also a 4 year degree College of your choice.

All applicants will be notified of their award and or certificate status. Awards may be issued at school recognition/award assemblies and or dinners if dates are available. If you have further questions or are in need of additional information please contact RIEOSO.

Sincerely,
Members of the Board RIEOSO



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SCHOLARSHIP ASSISTANT - APPLICATION - FILE INFORMATION SHEET

Please print

NAME: _____
Last First Mi.

ADDRESS: _____
House number /apt no. PO Box Street name

City State Zip

PHONE NUMBERS: _____ Cell: _____
Home Second

FCIOO MEMBERSHIP NUMBER: _____ DATE OF BIRTH: _____

MEMBERSHIP STATUS: _____ AGE: _____

SCHOOL APPLYING FOR: _____

FIELD OF STUDIES FOR COLLEGE: _____

DATE OF GRADUATING / ED - HIGH SCHOOL: _____

SIGNATURE: _____ DATE: _____

Please mail application information to the Bedford Office:

RIEOSO / FCIOO
Attention: Debbie Smith - Application Education
PO Box 461015
Bedford, Ohio 44146



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SCHOLARSHIP APPLICATION

Please print

APPLICANT:

NAME: _____
Last First Mi.

ADDRESS: _____
House number /apt no. and or PO Box Street name

_____ City State Zip

PHONE NUMBERS: _____ Cell: _____
Home Second

FCIOO MEMBERSHIP NUMBER: _____ DATE OF BIRTH: _____

MEMBERSHIP STATUS: _____ AGE: _____

SIGNATURE: _____ DATE: _____
Student

SIGNATURE: _____ DATE: _____
Parent / Guardian

SCHOOL INFORMATION:

COLLEGE /SCHOOL APPLYING TO: _____

FIELD OF STUDIES OR MAJOR : _____

DATE OF GRADUATING /ED - HIGH SCHOOL: _____

HIGH SCHOOL COUNSELOR: _____ Phone: _____

PRESENTATION OF SCHOOL SCHOLARSHIP AWARD ASSEMBLY / DINNER: _____

SIGNATURE: _____ DATE: _____
High School Counselor

Please mail application information to the Bedford Office:

Deadline March 31, of graduation year

RIEOSO
Attn: Rolita Tabler, Secretary
PO Box 461015
Bedford, Ohio 44146



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RECOGNITION CERTIFICATE APPLICATION

Please print

APPLICANT:

NAME: _____
Last First Mi.

ADDRESS: _____
House number /apt no. and or PO Box Street name

City State Zip

PHONE NUMBERS: _____ Cell: _____
Home Second

FCIOO MEMBERSHIP NUMBER: _____ DATE OF BIRTH: _____

MEMBERSHIP STATUS: _____ AGE: _____

SIGNATURE: _____ DATE: _____
Student

SIGNATURE: _____ DATE: _____
Parent / Guardian

SCHOOL INFORMATION:

HIGH SCHOOL NAME: _____

HIGH SCHOOL MAILING ADDRESS: _____
NUMBER STREET ADDRESS

CITY STATE ZIP CODE

GPA: _____ (attach copy of transcript) DATE OF GRADUATION: _____

HIGH SCHOOL COUNSELOR: _____ Phone: _____

PRESENTATION OF SCHOOL AWARD ASSEMBLY: _____

SIGNATURE: _____ DATE: _____
High School Counselor

Please mail application information to the Bedford Office:

Deadline March 31, of graduation year

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