



**APPLICATION FOR EASTERN STAR YOUTH SCHOLARSHIP**

**REVISED MAY 2015**

**PERSONAL DATA**

(Please Print or Type)

New \_\_\_\_\_ Renewal \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_

Are You Employed? \_\_\_\_\_ If Yes, Where? \_\_\_\_\_ Yearly Income \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

If Married: Give Spouse's Name \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Spouse's Yearly Income \_\_\_\_\_

If Single Give:

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Yearly Income \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Yearly Income \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Other Dependent Children in Family Living at Home \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_



### FRATERNAL QUALIFICATIONS

REVISED MAY 2015 (Please Print or Type)

Are you a Member of any of the following? Check below, if YES

\_\_\_\_\_ Order of the Eastern Star \_\_\_\_\_ Order of the Rainbow for Girls \_\_\_\_\_ Masonic Lodge \_\_\_\_\_ Order of the Demolay

If Yes, Give the Following Information:

Name and Number	Address	# Years a Member	Highest Title
_____	_____	_____	_____
_____	_____	_____	_____

If No, Name and Relationship of nearest Relative who belongs to the Eastern Star or Masonic Lodge:

Name	Relationship	Name & Number of Lodge or Chapter
_____	_____	_____
_____	_____	_____

I. Attach a letter stating reasons why you feel you should be considered for a scholarship from the Order of the Eastern Star. Include your purposes for your course of study, plans for the future and any other information you feel would be helpful in evaluating your scholarship application ..

II. Enclose with this application the following:

- \_\_\_\_\_ (A) Letter of recommendation from sponsoring Eastern Star Chapter with **Chapter Seal**.
- \_\_\_\_\_ (B) Letter of recommendation from Rainbow or Demolay advisor if applicable.
- \_\_\_\_\_ (C) Letter of recommendation from a school representative at school presently attending.
- \_\_\_\_\_ (D) Sealed Official Transcript of latest grades available from school **now attending**
- \_\_\_\_\_ (E) All pages (5) of completed application (**no blanks**).

Date of Application \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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**This space for Grand Chapter Youth Scholarship Committee Only**

Date approved by committee \_\_\_\_\_ Chairman \_\_\_\_\_

Member \_\_\_\_\_ Member \_\_\_\_\_



**ACADEMIC QUALIFICATIONS**

**REVISED MAY 2015**

(Please Print or Type)

University, College or Technical School You Now Attend or Last Attended

\_\_\_\_\_

Present Grade or Classification Level \_\_\_\_\_

Grade or Classification Level next Fall for this Scholarship \_\_\_\_\_

When do You Plan to Graduate \_\_\_\_\_

Current **Official** Cumulative Grade Point Average \_\_\_\_\_ Scale Used \_\_\_\_\_

What University, College or Technical School do You. Plan to Attend?

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\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

What Field of Study Are You Pursuing \_\_\_\_\_

Why? \_\_\_\_\_

What Will Be the Amount of Your Tuition Per Year? \_\_\_\_\_

How Do You Plan to Meet This Cost? \_\_\_\_\_

Are you Now, or Do You Expect to be the Recipient of any Other Scholarships or Grants? \_\_\_\_\_

If Yes, From Where \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

**NOTE: Attach a Letter Recommendation From a School Representative or Teacher At the School You Are Now Attending and OFFICIAL Grade Transcript**



**SUBORDINATE CHAPTER YOUTH SCHOLARSHIP COMMITTEE REPORT**

**REVISED MAY 2015** (Please Print or Type)

1. Name of Applicant \_\_\_\_\_
2. Is Applicant a PERMANENT RESIDENT OF TENNESSEE? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Does Applicant Present Evidence of Required Fraternal Affiliation? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is Need for Financial Assistance Evident? Yes \_\_\_\_\_ No \_\_\_\_\_ Give Details:  
\_\_\_\_\_
5. Does the Academic Record of the Applicant Justify Consideration for this Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Does Applicant Clearly Identify His/Her Plans for Study and Goals for the Future? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Are all Required Letters of Recommendation Included with the Application? Yes \_\_\_\_\_ No \_\_\_\_\_
8. In Your Investigation, have you found the applicant to be of unquestionable character and worthy of assistance from the Order of the Eastern Star? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Do you know of any reason why this applicant would not be eligible for or in need of the scholarship? Yes \_\_\_ No \_\_\_  
If yes, Please Explain \_\_\_\_\_

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**THIS SPACE FOR SUBORDINATE CHAPTER COMMITTEE**

Chapter Name and Number \_\_\_\_\_

Date Approved by Chapter \_\_\_\_\_

CHAIRMAN \_\_\_\_\_

MEMBER \_\_\_\_\_

MEMBER \_\_\_\_\_

Committee Contact Person \_\_\_\_\_ Phone \_\_\_\_\_



**Subordinate Chapter Youth Scholarship Committee**

**Check List to Be Attached to Front of Completed Application**

Revised May 2015

It is the responsibility of the Subordinate Chapter Committee to send the following to the Grand Chapter Youth Scholarship Chairman postmarked no later than January 31.

**Please check below to ascertain that all the required documents are enclosed and attach this form to the front of the application.**

\_\_\_\_\_ (1) All pages (5) of completed Revised May 2015 application form (**no blanks**).

\_\_\_\_\_ (2) Letter from the applicant outlining previous education and career goals.

\_\_\_\_\_ (3) **Official Transcript** with a cumulative GPA of Fall Semester' grades from the **School Records office** where presently enrolled.

\_\_\_\_\_ (4) Letter of recommendation from a teacher or school representative where the student is now attending.

\_\_\_\_\_ (5) Letter of recommendation from Rainbow or Demolay Advisor, if applicable.

\_\_\_\_\_ (6) Letter of recommendation from sponsoring chapter with **Chapter Seal**

\_\_\_\_\_ (7) Subordinate Chapter Committee Report **signed** by the Chapter investigating committee.