



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.



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 |
|-------|--------------|-----------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 ..

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 _____

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?

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 _____

THIS SPACE FOR SUBORDINATE CHAPTER COMMITTEE

Chapter Name and Number _____

Date Approved by Chapter _____

CHAIRMAN _____

MEMBER _____

MEMBER _____

Committee Contact Person _____ Phone _____