



*Amaranth Grand Chapter, Inc.*

*Order of Eastern Star*

*For The State Of Ohio - Prince Hall Affiliation*



Grand Chairperson of Scholarship

Sister Carol A. Cole

17505 Devon Road

Cleveland, Ohio 44119

(216)773-1299

April 29, 2022

To The Applicant;

Greetings,

Amaranth Grand Chapter, Order of the Eastern Star, Prince Hall Affiliation, for the State of Ohio and its Jurisdiction is pleased to offer scholarship awards to deserving students. We delight in acknowledging your academic excellence. You are eligible to apply if you will complete high school by July 2022 and enrolling into an institution of higher learning, currently enrolled in a four year college/university, technical/trade school and if you have a need for financial assistance.

Applicants, who are ultimately selected will be selected based on the following criteria:

- Girls Assembly/Pythagorean participation
- Financial Need
- Academic Performance
- Recommendations
- Community Service
- Personal Essay
- Extenuating Circumstances

Please read carefully the materials given to you by the local Eastern Star Scholarship Chairperson. She will answer any questions you may have and assist you in completing the application forms if necessary. We wish you success in your future endeavors.

Sincerely,

Carol A. Cole, AM #58

Grand Scholarship Chairperson

Amaranth Grand Chapter, Inc.  
ORDER OF THE EASTERN STAR, PHA  
For the State of Ohio and Its Jurisdiction

SCHOLARSHIP APPLICATION FORM  
(Please type all information)

Attach  
Photo  
Here

Sponsoring Chapter: \_\_\_\_\_

**Girls Assembly/Pythagorean Member (please check):**

**APPLICATION DATA:**

Your Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone No: Home ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**FAMILY AND INCOME DATA**

Guardian's Name: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_  
Street City State Zip Code

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_  
Street City State Zip Code

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_  
Street City State Zip Code

Dependent Children: Yes  No  If Yes, How many?: \_\_\_\_\_

Number of Persons in Family: \_\_\_\_\_ Number of Persons in College: \_\_\_\_\_

Total Family Income (Annually): \$ \_\_\_\_\_

\*Students: Application Form is adobe fillable, and can be completed online prior to printing and mailing.

## HIGH SCHOOL/COLLEGE DATA

Name of High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

High School Address: \_\_\_\_\_  
Street City State Zip Code

Your High School Grade Point Average (GPA): \_\_\_\_\_

Have you been accepted to a College/University: Yes  No

Date Classes Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

IF YOU ARE PRESENTLY IN COLLEGE, COMPLETED THE FOLLOWING

College/University Name: \_\_\_\_\_  
Name City State Zip Code

Date you were first enrolled there: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Class Year: Freshman Sophomore Junior Senior

Your Major: \_\_\_\_\_ Accumulative Grade Point Average (GPA): \_\_\_\_\_

## FINANCIAL AID DATA

Financial Need	Cost	Your Family's Contribution	Financial Aid Received & Sources
Tuition Cost	\$	\$	\$
Room & Board	\$	\$	\$
Books & Fees	\$	\$	\$
Transportation	\$	\$	\$

**SUPPORTING DOCUMENTATION:** (Please enclose the following items with this application)

1. Your current Federal Student Aid Report (SAR) or a copy of your parent/(s) most recent 1040, 1040A, or 1040EZ.
2. Official High School Transcript or College/University Transcript (Original Copy with the Seal).
3. Applicant's Photo
4. Letters of Recommendation from: High School Counselor/ College Advisor/ Mother or Pythagorean Advisor/ Eastern Star Chapter Scholarship Chairperson.
5. Applicant's Typewritten statement of not less than 100 words stating your reasons for you wanting to attend college or why you want to continue college.

\*Students: Application Form is adobe fillable, and can be completed online prior to printing and mailing.

**APPLICANT'S STATEMENT:**

Use the space provided below to submit a typed written statement that includes your aims, goals and objectives. Tell us why you wish to attend or why you wish to continue in college. Include information about your extra-curricular activities, including community involvement (explain), memberships in organizations, and any honors that you may have received. Statement must be at least 100 words in length. Additional sheets may be used, if needed.

If selected as a scholarship recipient, does Amaranth Grand Chapter have permission to use your photo on our official website? Yes  No

\*Students: Application Form is adobe fillable, and can be completed online prior to printing and mailing.



**Amaranth Grand Chapter, Inc.**  
**Order of Eastern Star**  
*For the Sister of Stars - Dearest Bell Affiliates*



**LOCAL CHAPTER RECOMMENDATION**

Sponsoring Chapter: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Please share with this Committee any information which you feel will assist us in our review and Assessment of this applicant.

All information shared with this Committee will remain confidential. It is not required to use this form, however you must include both the name of the applicant and the Sponsoring Chapter on your recommendation. Please limit your recommendation to two pages or less.

1. How was the candidate selected?

2. Are there any extenuating circumstances?

3. Other Pertinent Information:

Please Send to:  
Grand Chairperson of Scholarship  
Sister Carol A. Cole  
17505 Devon Rd  
Cleveland Ohio 44119  
(216) 773-1299

The Local Eastern Star Chapter Chairperson:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State Zip

Code



**Amaranth Grand Chapter, Inc.**  
**Order of Eastern Star**  
*For My Sister Or Sister - Under Both Affiliations*



**SCHOLARSHIP COMMITTEE**

**Request for Confidential Information: Recommendation Counselor/Advisor/Principal Minister/Community**

Re: \_\_\_\_\_  
Name of Student

\_\_\_\_\_  
School/College/Church

I am in the process of completing an application for the Amaranth Grand Chapter, Order of Eastern Stars, Prince Hall Affiliation, State of Ohio Scholarship Committee for a financial assistance award. I am requesting that you please send to them your evaluation of my personal characteristics, talents, interaction with others and any other pertinent information, which would be helpful to them evaluation my application. The deadline for receipt of reference is July 02, 2022.

\_\_\_\_\_  
Signature of Student

Please send to:

Grand Chairperson of Scholarship:  
Grand Chairperson Scholarship Committee  
Sister Carol A. Cole  
17505 Devon Rd  
Cleveland Ohio 44119  
(216) 773-1299





# Amaranth Grand Chapter, Inc.

Order of Eastern Star  
for The State of Ohio - Prince Hall Affiliation



## SCHOLARSHIP COMMITTEE

Request for Confidential Information: Transcript

Re: \_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Class Rank

I am in the process of completing an application for the Amaranth Grand Chapter, Order of Eastern Stars, Prince Hall Affiliation, State of Ohio Scholarship Committee for a financial assistance award. I am requesting that you please send to them an official copy of my transcript. My SAT or ACT test scores must be included. The deadline for receipt of reference is July 02, 2022.

\_\_\_\_\_  
Signature of Student

Please send to:

Grand Chairperson of Scholarship:  
Sister Carol A. Cole  
17505 Devon Rd  
Cleveland Ohio 44119  
(216) 773-1299

### SCHOLARSHIP APPLICATION CHECKLIST

Applicant's Name: \_\_\_\_\_

Sponsoring Chapter: \_\_\_\_\_

Please include this form when you return the completed application. All materials must be returned no later than July 02, 2022.

Attach the Required Documentation
Scholarship Application Form
Applicant's Photograph
Applicant's Statement (Essay)
Official Transcript with the School Seal
Counselor/Advisor -- (2) Letters of Recommendation
Sponsoring Chapter's or Mother/Pythagorean Advisor's Letter of Recommendation
SAR Copy or a Copy of the 1040, 1040A, or 1040EZ

Place the  
Chapter Seal  
Here

Return these forms to The Local Eastern Star Chapter Chairperson

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address                                  City                                  State                                  Zip Code

Signature of Local Chairperson: \_\_\_\_\_

Signature of Worthy Matron: \_\_\_\_\_