

Amaranth Grand Chapter, Inc.



Order of Eastern Star

For The State Of Ohio ~ Prince Hall Affiliation

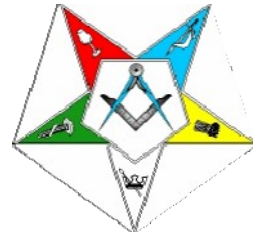
Grand Chairperson Scholarship Committee

Sister Karen Ellerson

4572 Litchfield Dr.

Copley, Oh. 44321

(330) 714-0899



April 25, 2019

TO: The Worthy Matron, Worthy Patron, Officers and Members of each subordinate chapter of Amaranth Grand Chapter

Amaranth Grand Chapter will make scholarship awards to deserving students during our Annual Session in August.

Enclosed with this correspondence is the following pertinent information:

Letter to the Local Chairperson
Applicant
Scholarship Application Form

Letter of Request for Transcript Letter to the
Chapter Recommendation
Checklist Letters of Recommendation (2)

The Worthy Matron and Local Scholarship Chairperson are responsible for verifying that all requirements are met. One (1) completed application with the Seal of the Chapter, recommendation from the Chapter, and all other attachments must be received by this office, at the above address, no later than June 30, 2019. Only one candidate will be considered from each Chapter due to the funds available. Applicants that are late or incomplete will not be considered. It is extremely important that you check everything very carefully, with particular attention being given to the essay. The Grand Scholarship Committee sincerely appreciates your cooperation in providing assistance to deserving students in our various communities.

Fraternally,

Karen Ellerson

Karen Ellerson, PM #47

Grand Scholarship Chairperson

Enclosures



Amaranth Grand Chapter, Inc.

Order of Eastern Star

For The State Of Ohio ~ Prince Hall Affiliation

Grand Chairperson Scholarship Committee

Sister Karen Ellerson

4572 Litchfield Dr.

Copley, Oh. 44321

(330) 714-0899



TO: The Applicant

Greetings,

Amaranth Grand Chapter, Order of Eastern Star, Prince Hall Affiliation, for the State of Ohio and Its Jurisdiction is pleased to offer scholarship awards for 2019 to selected students who have achieved academic excellence, and who are in need of financial assistance. You are eligible to apply if you will complete high school by July 2019 if you are currently enrolled in a four-year college/university, a community college, or a technical/trade school; and if you have a need for financial assistance.

Applicants, who are ultimately selected to receive assistance, 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,

Karen Ellerson

Karen Ellerson, PM #47

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 2018-2019 Federal Student Aid Report (SAR) or a copy of your parent'(s) 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 the Eastern Star P.H.A. State of Ohio and Its Jurisdiction

Grand Chairperson Scholarship Committee

Sister Karen Ellerson

4572 Litchfield Dr.

Copley, Oh. 44321

(330) 714-0899

April 25, 2019

TO: The Local Scholarship Chairperson Greetings,

The Grand Scholarship Committee sincerely thanks you for agreeing to serve as the Local Chairperson for the Scholarship Awards Program for 2018-2019.

Enclosed you will find the required forms for the application process. You will need to insert the name of the applicant, as well as the return date for the *Letters of Recommendation and Request for Transcript* form. Feel free to duplicate forms where necessary. The Recommendation from your Chapter should reflect the reasons for selection of the particular applicant. All information shared with us will be held in strict confidence.

Before forwarding the complete application materials to me, please check very carefully to insure that all items on the *Checklist* are included. Please establish your Chapter's deadline for the return of the application materials, so it will allow you time to assist the applicant with items that may be incomplete or missing. Return the completed packet of materials to me at the above address by 2018-2019.

Fraternally,

Karen Ellerson

Karen Ellerson, PM #47

Grand Chairperson

Enclosures



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

4572 Litchfield Dr.

Copley, Oh. 44321

(330) 714-0899

The Local Eastern. Star Chapter Chairperson:

Name: _____

Address: _____

Street Address

City

State

Zip Code

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

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 June 30, 2019.

Signature of Student

Please send to:

Grand Chairperson of Scholarship:
Grand Chairperson Scholarship Committee
Sister Karen Ellerson
4572 Litchfield Dr.
Copley, Oh. 44321
(330) 714-0899



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

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 June 30, 2019.

Signature of Student

Please send to:

Grand Chairperson of Scholarship:

Sister Karen Ellerson
4572 Litchfield Dr.
Copley, Oh. 44321
(330) 714-0899



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

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 June 30, 2019.

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: _____