

# Grand Chapter of Kansas Order of Eastern Star Scholarship Application Check List



Name \_\_\_\_\_ Year in School \_\_\_\_\_

**\*\*Please make sure that ALL of these documents are included with your completed application each year \*\***

1. Completed Application
2. Kansas Masonic and/or Eastern Star Affiliation is required for all scholarships EXCEPT the Cearley and Hendricks Scholarships.
3. Two **current** letters of recommendation; a current administrator, counselor, instructor/professor, etc. would be considered good sources for these letters.
4. One letter of recommendation from an Eastern Star Chapter or Member or a Masonic Lodge or Mason
5. Three copies of a recent photo of yourself – billfold size
6. A current copy of your transcript OR copy of the letter to the college requesting your transcript be sent to us by June 15 of this year.
7. Personal narrative including plans for the future (post-graduation), activities in which you have participated, honors or awards you have received, organizations to which you belong, offices held in these organizations, financial need, and other important aspects of your life that you feel should be considered in our decision.

**\*Please indicate below Scholarship awards for which you qualify for consideration:**

## **Juniors and Seniors Only**

- \_\_\_\_\_ **Dorothy C. Cooper Scholarship**
- \_\_\_\_\_ **Frances M. Farr Memorial Scholarship**
- \_\_\_\_\_ **Jerry K. VanAllen Memorial Scholarship**

## **Freshmen through Seniors**

- \_\_\_\_\_ **General OES Scholarships**
- \_\_\_\_\_ **Graham Chapter #395 Scholarship**
- \_\_\_\_\_ **Faith M. Snyder Scholarship**
- \_\_\_\_\_ **Fern Chapter #107 Scholarship**
- \_\_\_\_\_ **Elnita Jezek Memorial Scholarship**
- \_\_\_\_\_ **Grand Representatives Assoc. Scholarship**
- \_\_\_\_\_ **Rose Douglas #475 Memorial Scholarship**
- \_\_\_\_\_ **Pauline & Wendell Yockey Memorial Scholarship**

## **Specialty**

### \_\_\_\_\_ **Mary & Melvin Grubb Medical Scholarship**

Freshman, Sophomore, Junior, or Senior students at the **University of Kansas School of Medicine**. (Pre-Med or Graduate Students are not eligible.) Applicants may apply each year (*but not more than four times*).

### \_\_\_\_\_ **Eugene S. & Arvilla U. Parker Scholarship – Seniors at Kansas State University Only**

### \_\_\_\_\_ **Rose Shumaker Scholarship for Medical Technician or Nursing Education**

### \_\_\_\_\_ **Deeis Duttweiler Memorial Music Scholarship**

### \_\_\_\_\_ **Eunice Duttweiler Memorial Accounting Scholarship**

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### \_\_\_\_\_ **Ruth Cearley Memorial Scholarship**

\*Must be a currently active member of a Masonic Youth Group. Seniors in high school or currently enrolled college students are eligible

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### \_\_\_\_\_ **Danny Hendricks Memorial Scholarship- High School Seniors Only --No Masonic affiliation required**



## Grand Chapter of Kansas Order of Eastern Star Scholarship Application

Name \_\_\_\_\_  
Last First Middle and/or Maiden

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_

Classification next Fall: Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_

Total College Hours completed by next Fall: \_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

I will be attending \_\_\_\_\_ (Institution)

Institution Address \_\_\_\_\_  
Street City Zip Phone

Your address while attending school \_\_\_\_\_  
Street City Zip Phone

Home Address \_\_\_\_\_  
Street City Zip Phone

Date of first college enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_  
University or College

Have you attended other Colleges? \_\_\_\_ If so, list the Name, Location, and Dates of Enrollment

Are you receiving any other scholarships at this time? \_\_\_\_ For next year? \_\_\_\_

If yes, please name the scholarship, the amount received and the year received.

Are there any other members of your immediate family attending school? \_\_\_\_ If so, how many? \_\_\_\_

Elementary \_\_\_\_ Middle \_\_\_\_ High School \_\_\_\_ College \_\_\_\_

Are you a member of one of the following Youth Organizations?

International Order of the Rainbow for Girls \_\_\_\_ Jobs Daughters \_\_\_\_ DeMolay \_\_\_\_

Age when you joined the group \_\_\_\_ Number of years of active service in this youth group \_\_\_\_

Are you a member of the Eastern Star or Masonic Lodge? \_\_\_\_

Chapter/Lodge \_\_\_\_ Location \_\_\_\_

Other family members in Eastern Star or the Masonic Lodge

Name	Circle... Mother / Father / Grandparent	Chapter/Lodge	Location
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Name	Circle... Mother / Father / Grandparent	Chapter/Lodge	Location
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Name	Circle... Mother / Father / Grandparent	Chapter/Lodge	Location
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For your application to be considered, ALL questions must be answered completely

**All requirements must be in the possession of the executive secretary of the Scholarship Committee by June 15.**  
**(Not responsible for late or mis-directed mail)**

Return to: Grand Chapter of Kansas Order of the Eastern Star  
Scholarship Committee c/o Executive Secretary  
221 SW 33<sup>rd</sup> St. Suite 300  
Topeka, KS 66611

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant