



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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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 33rd St. Suite 300
Topeka, KS 66611

Date _____

Signature of Applicant _____