

**Grand Chapter of Illinois – Order of the Eastern Star**  
**Meg March – Worthy Grand Matron**

**Educational Assistance Scholarship Application 2008**

Please Print or Type \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Number of Dependents and ages \_\_\_\_\_

**EMPLOYMENT SITUATION**

Current Employer \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

How long with this employer? \_\_\_\_\_

**FAMILY**

Father's Name and Address \_\_\_\_\_

Mother's Name and Address \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

List all other children supported by parents and their ages. \_\_\_\_\_

**EDUCATION**

High School (attending or attended) \_\_\_\_\_

Location \_\_\_\_\_

Year Graduated \_\_\_\_\_ Grade Point Average \_\_\_\_\_

College (attending or attended) in 2008 – 2009 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Major \_\_\_\_\_

Name and Address of Registrar or person to who check should be sent if granted

Name \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**FINANCES**

Estimated yearly college expenses \$ \_\_\_\_\_

Other Scholarship grants for 2008-2009 (source and amount) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**MASONIC AFFILIATION**

Masonic Lodge: \_\_\_\_\_ Location \_\_\_\_\_

Were you ever a member of any of the following Masonic bodies? (check those appropriate)

Eastern Star \_\_\_\_\_ Years      Masonic Lodge \_\_\_\_\_ Years      Rainbow \_\_\_\_\_ Years \_\_\_\_\_

Job's Daughters \_\_\_\_\_ Years      DeMolay \_\_\_\_\_ Years      Builders \_\_\_\_\_ Years \_\_\_\_\_

Name of your Chapter or Lodge \_\_\_\_\_

Location \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED WITH APPLICATION.**

1. Please submit a 500 word essay, handwritten or typed, on the subject matter of "Why This Scholarship Is Important To Me".
2. Letter of recommendation from most recent teaching staff.
3. A recent photograph (if available).
4. Please indicate if your school has an Award Program or if scholarships are presented at graduation. Yes \_\_\_\_\_ Date of program \_\_\_\_\_ No \_\_\_\_\_

We affirm the above information to be true and correct

\_\_\_\_\_  
Signature of Parent or Guardian

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

**OUR REQUIREMENTS**

This official form must be completed and returned along with additional required information to be the **Chairman of the Educational Assistance Committee by April 1, 2008.** No application will be accepted after that date. Scholarships will be granted without regard to other scholarships which the applicant may receive.

**All grants will be made to the institution of higher learning in the name of the applicant.**

Please return completed application and other required material to:

Rosetta Morton, Chairman of Educational Assistance  
414 East Second Street  
O'Fallon, Illinois 62269  
(618) 632-4148

**Co-Chairmen**  
Maribelle Fitch  
Sara Goodall  
Sue Berglund  
Beverly Matter