**Grand Chapter of Wyoming**

**Order of the Eastern Star**

**Youth Scholarship Application**

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| **APPLICANT’S NAME:** | |  | | |
| **Date of Birth:** | |  | | |
| **Address:** | |  | | |
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| **Phone:** |  | | **E-Mail** |  |
| **Attachments to include:** | | | | |
|  **Autobiographical letter containing reasons for requesting financial aid, your educational** | | | | |
| **experiences and goals, and work experience. Additional information which may aid** | | | | |
| **in evaluation by the Scholarship selection committee should be included.** | | | | |
|  **Minimum of two (2) current letters of recommendation from adults not related to you.** | | | | |
|  **Transcript of Grades:** | | | | |
|  **Graduating Seniors: High School Transcript** | | | | |
|  **College Students: College Transcript** | | | | |

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| **Applicant MUST be a relative of a member of a Masonic Lodge or Order of the Eastern Star.** | | | | | | | |
| (Various appendant bodies such as, but not limited to, York Rite, Scottish Rite, Shrine, Daughters | | | | | | | |
| of the Nile, etc. are based on membership in, or a relative of a member of, a Masonic Lodge.) | | | | | | | |
| **Name of Masonic Relation:** | | |  | | | | |
| **Relation is a Member of Lodge/Chapter:** | | | |  | | | |
| **Relationship to Applicant:** | |  | | | | | |
| **Are you now, or have you been a member of a Masonic body?** Please explain | | | | | | | |
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| **EDUCATION:** List all High Schools, Vocational Schools and Colleges attended and dates of enrollment: | | | | | | | |
| High School: |  | | | | Dates of Enrollment: | |  |
| Graduation Date: |  | | | | GPA: |  | |
| Post High School: |  | | | | Dates of Enrollment: | |  |
| Graduation Date: |  | | | | GPA: |  | |

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| **COLLEGE OR VOCATIONAL SCHOOL APPLIED TO / ACCEPTED:** | | | | | | | |
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| 1st Choice: | |  | | Annual Tuition: | |  | |
|  | | | | | | | |
| 2nd Choice: | |  | | Annual Tuition: | |  | |
|  | | | | | | | |
| Full or part-time student: | | |  | Major: |  | | |
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| Degree: |  | | | Years of education required: | | |  |
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| List other Scholarships applied for and/or received. Please give details: (Attach extra pages as needed): |
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| Applicant Father’s Name: |  |
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| Occupation: |  |
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| Applicant Mother’s Name: |  |
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| Occupation: |  |
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| Siblings and Ages |  |
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| Annual Family Income: |  |
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| **HONORS, AWARDS, SPORTS, CIVIC ACTIVITIES (attach additional sheets as necessary):** |
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| **DEADLINE: June 15, 2019** |
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| Please mail the completed application to: |
| Kathy Wiekhorst |
| O.E.S. Youth Scholarship Chair |
| 180 Cedar Street |
| Green River, WY 82935 |
| 307-389-8073 (cell) 307-875-7269 (home) |

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| Applicant’s Signature: |  | Date: |  |

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| **TO BE COMPLETED BY HIGH SCHOOL/POST HIGH SCHOOL EDUCATION INSTITUTION** | |
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| Applicant Name: |  |
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| GPA: |  |
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| Comments: | |
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| **School:** |  |
| **Address:** |  |
|  | |
| **Signature:** |  |
|  |  |
| **Title:** |  |