

**Grand Chapter of Wyoming
Order of the Eastern Star
Youth Scholarship Application**

APPLICANT'S NAME: _____

Date of Birth: _____

Address: _____

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**

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 _____

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: _____

COLLEGE OR VOCATIONAL SCHOOL APPLIED TO / ACCEPTED:

1st Choice: _____ Annual Tuition: _____

2nd Choice: _____ Annual Tuition: _____

Full or part-time student: _____ Major: _____

Degree: _____ Years of education required: _____

List other Scholarships applied for and/or received. Please give details: (Attach extra pages as needed):

Applicant Father's Name: _____

Occupation: _____

Applicant Mother's Name: _____

Occupation: _____

Siblings and Ages _____

Annual Family Income: _____

HONORS, AWARDS, SPORTS, CIVIC ACTIVITIES (attach additional sheets as necessary):

DEADLINE: June 15, 2019

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)

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY HIGH SCHOOL/POST HIGH SCHOOL EDUCATION INSTITUTION

Applicant Name: _____

GPA: _____

Comments: _____

School: _____

Address: _____

Signature: _____

Title: _____