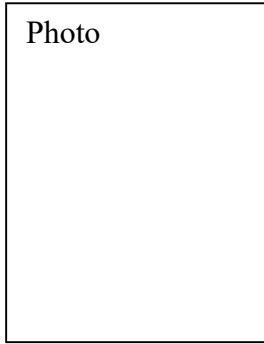


Application for Scholarship



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: _____

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 33rd St. Suite 300
Topeka, KS 66611

Date

Signature of Applicant