

2019 APPLICATION FOR GRADUATE SCHOLARSHIP

Grand Chapter, Order of the Eastern Star of Utah

Applicant must be resident of the state of Utah

NAME: _____ SSN: _____

PERMANENT HOME ADDRESS: _____

PHONE: _____

ADDRESS WHILE ATTENDING EDUCATIONAL FACILITY: _____

PHONE: _____

Educational Institution Where You Will Use This Scholarship, if awarded: _____

Admissions Office Address: _____ Phone: _____

How long have you been a resident of Utah: _____

College/University Graduated From: _____ Year: _____

College Major: _____ Career Objective: _____

List any College/University you have attended, including present (enclose current **official** transcript of credits):

Do you plan to attend full-time or part time? Full Time _____ Part Time _____
Fall Semester _____ Spring Semester _____ Summer Semester _____

Please list current scholarships and work-place educational assistance you may be receiving and amount of each: _____

Spouse: _____ Address: _____

Masonic or Eastern Star Relationship of Applicant: _____

Please attach a short statement of your career goals in 100 words or less.

List contributions made to Job's Daughters, DeMolay, Masonry, Eastern Star, School and Civic activities.

Please submit three **current** letters of recommendation, *one from a Mason or member of the Order of the Eastern Star*; please have the Mason or Eastern Star member include the Lodge and/or Eastern Star Chapter and its location. *The other two should be from a school official (i.e., Principal, Professor, Teacher, Counselor) or Employer. Letters may not be from family members.* In summary you need to submit *three letters of recommendation: one Masonic, two educational or professional, and none from family members.* **Failure to follow these instructions will result in rejection of your application.** Applicants must be accepted for admission or be currently enrolled before payment of scholarship is made. Scholarships are valid for one year only.

Applicants can only receive one (1) Graduate Scholarship.

Please add a small photo of yourself.

AUTHORIZATION: I certify that, to the best of my knowledge, the information contained on this statement is current and complete.

APPLICANT: _____ DATE: _____

This application must be legible (typed if possible) and postmarked by June 28, 2019. It must be accompanied by a current official transcript of credits and the proper current letters of recommendation, or it will not be accepted.

SEND TO:

Karen B. Pullman, Grand Secretary
Grand Chapter, OES of Utah
1651 S 2095 W
Woods Cross, UT 84087
(801) 209-6697

THIS APPLICATION SUPERSEDES ALL OTHER APPLICATION PRIOR TO 2019