

2019 APPLICATION FOR CONTINUING EDUCATION GRANT

Grand Chapter, Order of the Eastern Star of Utah

Applicant must be resident of the state of Utah

These are for persons who have not been in school for a while or seeking help with a career.

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: _____

High School Graduated From: _____ Year: _____

How long have you been a resident of Utah: _____

List any College/University you have attended, including present : _____

Proposed classes and approximate cost of each: _____

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

Give a short statement of your goals:

Spouse: _____ Address: _____

Eastern Star Chapter: _____

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

Please add a small photo of yourself.

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