

**GRAND CHAPTER OF IDAHO
ORDER OF THE EASTERN STAR
Scholarship Application**

Name of Applicant _____ Date of Application _____
(Give full name) First _____ Middle _____ Last _____
Social Security Number _____ Student ID Number _____

Home Address _____ Home Phone _____
Street _____ City _____ State _____ ZIP _____

Your Address _____ Your Phone # _____
at School _____ at School _____
Street _____ City _____ State _____ ZIP _____

College, University or Technical School Presently Attending: _____

Degree sought & Major _____ Class level: Junior [] Senior [] Graduate []

Office where check is to be sent
and Address _____
Office _____ Street _____ City _____ State _____ ZIP _____

List honors and/or recognition received while attending college/university:

List other Scholarships Received	Dates of Scholarships	Amount
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Statement of financial need: (attach additional sheets if needed)

Please furnish a copy of your most current transcript (an unofficial transcript is acceptable), two letters of reference, and a statement of your goals and ambitions.

Are you a member of the Order of the Eastern Star in Idaho? Yes [] No []

Are your parents and/or grandparents members of the Order of the Eastern Star in Idaho? Yes [] No []

Name of parent or grandparent _____	Name of OES Chapter _____	Location _____
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Signature of Applicant _____

Chapter Seal Affixed Here _____ Approved: _____
Worthy Matron

Chapter Name & Number: _____

Application deadline to the Chapter by April 1st

Deadline to the Scholarship Committee by April 15th