



GRAND CHAPTER OF WASHINGTON ORDER OF EASTERN STAR THE GLENNA HALE MEMORIAL NURSING SCHOLARSHIP

Each year The Glenna Hale Memorial Nursing scholarship committee will award scholarships. These scholarships are to be used for tuition and books ONLY. These scholarships shall be devoted exclusively for giving assistance to students pursuing a career in the field nursing.

ALL DECISIONS OF THE COMMITTEE ARE FINAL.

Applications for the 2024 Awards must be submitted on this Application form to be considered.

ELIGIBILITY

1. Applicants need NOT be of Masonic or Eastern Star affiliations.
2. Applicants must be enrolled as a full time undergraduate or graduate student (as defined by the institution they attend) in a recognized state or Private College or University, Junior or Community College nursing program.
3. Applicants must maintain a minimum 2.5 cumulative grade point average using the 4.0 system.
4. Applicants must show what percentage and in what manner they contribute financially toward their education.
5. Applicants must apply for a scholarship in the current year.

FORM REQUIREMENTS AND CHECKLIST

- _____ A. Its the responsibility of the Scholarship Applicant to complete the entire scholarship Packet which must be received by the Scholarship Committee chair post marked no later than May 1, 2024to be considered . The chair's address is provided at the end of these requirements.
- _____ B. Please be sure that all copies are legible.
- _____ C. Student ID# for the college/university must be provided.
- _____ D. Prepare a resume of your educational and employment histories as well as organizations and community activities.
- _____ E. Include a one-page essay (approximately 250 words) stating why you chose nursing as a career.

_____ F. The Scholarship Recommendation Form is included with this application.

Three recommendations , each using a copy of this form, are required. These Should be given to persons who are familiar with your academic achievements, your moral character, your employment and your organizational/community services.

The people chosen to write recommendations should not be relatives or extended family members.

1) Complete Section 1 of the Scholarship Recommendation Form before giving the Form to the individuals from whom you are requesting recommendations.

2) The forms must be filled in completely, dated, signed and sealed by the Recommender. To preserve confidentiality, the person giving the Recommendation

Should mail the form directly to the Scholarship Committee Chair. (address provided below)

3) All three recommendation forms must be received by May 1 of the Year of application.

_____ G. An official transcript in a sealed envelope and signed by the Registrar must

Be received by the committee by May 1, 2024. We understand your course work may not be completed for the spring quarter/semester, so send the most Recent transcript available. (the school will charge you a fee for this).

Please submit only the requested documents! (DO NOT INCLUDE COPIES OF AWARDS, MEMBERSHIP CARDS, NEWSPAPER ARTICLES, ETC.)

ALL DECISION OF THE COMMITTEE ARE FINAL

Send all required forms to the chair listed below.

2023-24 GLENNA HALE MEMORIAL SCHOLARSHIP COMMITTEE

**Penny Norvell, Chair
8616 Jean RD NE
Moses Lake, Wa. 98837**

**503-735-5192
pennynorvell@gmail.com**

Mary Helen Johnson

360-254-4416

Calvin Russell PGP

360-687-2422

Mabelle Frombgen

360-736-6716



**Grand Chapter of Washington Order of the Eastern Star
Glenna Hale Memorial Nursing Scholarship
2024 Recommendation Form**

SECTION 1. To be completed by Applicant:

Name _____ city _____ state _____ zip _____.

This applicant desires a scholarship for the purpose of continuing studies at:

Name of University or school _____ city, state _____.

SECTION 2. To be completed by Recommender:

In order for the committee to learn about an applicant's character and reputation, we would appreciate a reply to the following questions. All information will be held in confidence. Please feel free to use the back of this form for any information you consider helpful.

What is the applicant's reputation for being:

Ambitious _____.

Energetic _____.

Honorable _____.

Studious _____.

_Would you recommend the committee award a scholarship to this person? _____ Why _____.

Please give any other information about the applicant that you believe would assist the committee in Making the decision _____.

Signed _____ Title: _____ Date _____.

Full name (please print) _____ phone _____.

Address _____ city _____ state _____ zip _____.

Thank you for taking the time to complete this form. **This form MUST be received by the Scholarship Committee and postmarked NO LATER than May 1, 2024** **DO NOT RETURN THIS FORM TO THE APPLICANT.**

Please send this form to the scholarship Committee Chair:

Penny Norvell, Chair. 8616 Jean Rd NE Moses Lake, Wa 98837 pennynorvell@gmail.com



GRAND CHAPTER OF WASHINGTON ORDER OF THE EASTERN STAR
GLENNA HALE Memorial Nursing Scholarship
2024 Application

NAME _____
Last first middle age

ADDRESS _____
Street city state zip

CONTACT _____
PHONE EMAIL

PERMANENT ADDRESS (IF DIFFERENT THAN ABOVE) _____

I HAVE BEEN ACCEPTED IN OR AM CURRENTLY ENROLLED IN A MEDICAL PROGRAM _____
INITIAL

My GPA _____ My Student Number _____

Name of Institution where I will be studying in fall _____

Mailing address of the Financial Aid Office _____

I promise to notify the scholarship committee of any change in my school status (including graduation) occurring before the end of this school year _____
Initial

I am contributing _____% of my education expenses through work.

Other Scholarships or assistance received from...please include a list of Organization or institution from which money was received, date received and amount received.

I have read the Eligibility, Form Requirements and Checklist sheets. I have included my Grade Point Average, a sealed official Transcript, unless it is to be mailed by the Registrar of my school, a Resume of my school and work history, and my Educational Goal Essay.

I have also distributed all three letters of Recommendation forms, which will be sent to the committee By the individuals.

Signed _____ Dated this _____ day of _____ 2024



**Grand Chapter of Washington
Order of the Eastern Star**

Enrollment Certification Request

Student Information:

Name _____ . Student ID# _____ .

Has the student been accepted and registered for classes as an under-graduate student at this educational institution for the 2024 Fall Semester/Quarter?

YES NO (circle One)

Registrar or Advisor Signature

Date _____ . Phone _____ .

School Name and Address

Student Signature _____ .

Date _____ ..