



Grand Chapter of Washington Order of the Eastern Star Alexandra Schencking Memorial Nursing Scholarship

Each year the Alexandra Schencking 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 of 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 affiliation but **MUST** be sponsored by an Eastern Star Chapter. A letter of verification under Chapter Seal must be sent to the committee.
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 and must have completed at least one-half of their required credits for graduation from the program by June of the year they apply for a scholarship.
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. It is 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, 2024 to 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 three 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 the 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.) **IMPORTANT:** The transcript must verify that you have (or will have) completed one-half of the course work required for your degree or certification by the end of the current term.

Please submit only the requested documents! Do NOT include copies of awards, membership cards, newspaper articles, etc.

Applicants will receive an email (or postcard if no email is available) acknowledging the receipt of their application. You will be notified by approximately mid-June if your application is approved. The awarded monies will be sent directly to your educational institution before September 1 of the current year. The school will establish a fund upon which you can draw for your educational needs.

ALL DECISIONS OF THE COMMITTEE ARE FINAL

Send all required forms to the Chair:

2023-2024 Alexandra Schencking Memorial Nursing Scholarship Committee

Committee: Deborah Wheeler, Chair 360-670-9903
7312 194th Ave East, Unit G
Bonney Lake, WA 98391

Lindy Bretsen 360-930-2045
Jean Ballard 360-387-3119



Grand Chapter of Washington Order of the Eastern Star Alexandra Schencking Memorial Nursing Scholarship

2024 Application

NAME:

last

first

middle

age

ADDRESS:

street

city

state

zip

CONTACT:

phone no(s)

email

PERMANENT ADDRESS (if different than above)

street

city

state

zip

Name of EASTERN STAR CHAPTER SPONSOR: _____

I have been accepted in or am currently enrolled in a nursing program and will have completed at least one-half of the credits required for graduation by June 30.

_____ initial

My GPA: _____ My Student Number: _____

My Major Field of Nursing Study is LPN, AA, BSN, or Post Graduate:

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 educational expenses through work.

Other scholarships or assistance received from:

Organization or Institution from which money was received _____ date received _____ amount received _____

Organization or Institution from which money was received _____ date received _____ amount received _____

Organization or Institution from which money was received _____ date received _____ amount received _____

I have read the Eligibility, Form Requirements and Checklist sheets. I have included my Grade Point Average and 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 _____



**Grand Chapter of Washington Order of the Eastern Star
Alexandra Schencking Memorial Nursing Scholarship
2024 Recommendation Form**

SECTION 1. To be completed by Applicant:

Name of Applicant _____ City _____ State _____ Zip _____

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

Name of University or School _____ City and 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:
Deborah Wheeler 7312 194th Ave E, Unit G, Bonney Lake, WA 98391 360-670-9903