



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 to giving assistance to students pursuing a career in the field of nursing. Each year our Scholarship will begin at \$5,000.

ALL DECISIONS OF THE COMMITTEE ARE FINAL.

Applications for the 2027 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.** It's the responsibility of the Scholarship Applicant to complete the entire scholarship packet which must be received by the Scholarship Committee Chair postmarked no later than May 1, 2027 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 forms 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, 2027. 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 DECISIONS OF THE COMMITTEE ARE FINAL. Send all required forms to the chair listed below.

July 2027 - June 2027 GLENNA HALE MEMORIAL SCHOLARSHIP COMMITTEE:

Mabelle Frombgen, Chair 1509 N National Ave #143 Centralia, WA 98531	360.742.8966
Laurie Short	206.550.1080
Judy Turchin, PGM	206.910.8338
Eleanor Okusko, <i>Zillah</i>	509.671.0638



Grand Chapter of Washington Order of the Eastern Star
Glenna Hale Memorial Nursing Scholarship
2027 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, 2027. **DO NOT RETURN THIS FORM TO THE APPLICANT.**

Please send this form to the Glenna Hale Scholarship Committee Chair:

Mabelle Frombgen, Chairman	1509 N. National AVE #143 Centralia, WA 98531	360.742.8966
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Grand Chapter of Washington Order of the Eastern Star
Glenna Hale Memorial Nursing Scholarship
2027 APPLICATION FORM

NAME:

Last

First

Middle

Age

ADDRESS:

Street

City

State

Zip

CONTACT INFO:

PHONE

EMAIL

PERMANENT ADDRESS (IF DIFFERENT THAN ABOVE):

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

INITIAL HERE

My GPA IS:

My Student Number is:

Name of Institution where I will be studying in fall is:

Mailing address of the Financial Aid Office is:

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 HERE:

I am contributing % of my education expenses through work.

INITIAL HERE:

If you have received or will receive other scholarships or assistance, please include a list of organizations or institutions from which money was received, the date received, and the 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 2027

	Grand Chapter of Washington Order of the Eastern Star Glenna Hale Memorial Nursing Scholarship 2027 Enrollment Request
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STUDENT INFORMATION REQUESTED

NAME _____	STUDENT ID# _____
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Has this student been accepted and registered for classes as an under-graduate student at this educational institution for the 2027 Fall Semester/Quarter?

Please circle one: YES NO

Signature of Registrar or Advisor: _____

Date: _____ Phone: _____

School Name and Address: _____

Student's Signature: _____ Date: _____