Grand Chapter of Washington
Order of the Eastern Star

EASTERN STAR SCHOLARSHIP REQUIREMENTS

Each year the Eastern Star Scholarship Fund Committee will award scholarships. ALL DECISIONS OF THE COMMITTEE ARE FINAL. These scholarships are to be used for tuition and books ONLY and are available to full-time under-graduate students who have completed at least one year of the required course work (45 credits/30 semester hours) to receive their degree/certification.

APPLICATIONS FOR 2027 AWARDS MUST BE SUBMITTED ON THIS 2027 APPLICATION FORM TO BE CONSIDERED

ELIGIBILITY

1. **You must be a resident of the State of Washington and at least one of the following:**

   a. A member of the Order of the Eastern Star in the Grand Jurisdiction of Washington;

   b. A member of the Masonic Lodge in Washington;

   c. The child, legally adopted child, step-child, grandchild, widow, wife, sister or mother of a member of the Order of the Eastern Star or a Mason whose membership is/was in the State of Washington;

   d. A member in good standing in one of the three Masonic affiliated youth groups in Washington jurisdiction: International Order of DeMolay, International Order of the Job's Daughters, or the International Order of the Rainbow for Girls.

2. You must show proof that you are enrolled as a **full-time undergraduate student** (as defined by the institution you attend) in an accredited state or private college, community college or vocational school for the semester/quarter for which the scholarship will be applied. (See enclosed form.)

3. You must be maintaining a ***minimum 2.5 grade point average*** (using the 4.0 system). A vocational or trade school must send a letter verifying grades if a system other than the 4.0 system is used.

4. You must have completed at least ***one year (45 credits)*** of your course work by July 15th of the year that you apply for a scholarship. This may be community college, college, university, or vocational studies. Scholarships are awarded for ***undergraduate work only***. It is **NOT** for post-graduate studies.

5. **You may NOT receive a scholarship from this fund in the same year that you are granted the ESTARL Scholarship or the Alexandra Schencking Memorial Nursing Scholarship.**

6. **You must reapply for additional scholarships each year as additional scholarships are NOT automatic.**

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 Secretary of the Scholarship Committee postmarked no later than **April 30, 2027** to be considered for the Eastern Star Scholarship. The Secretary's address is provided at the end of these requirements.

_____ B. Please ensure that all copies are legible.

_____ C. **Student ID #** for college/university and confirmation form for applicable full-time status.

_____ D. Prepare a resume of your educational and employment histories as well as church, organizations and community activities. *Spelling and neatness count!*

_____ E. Include a one page essay (approximately 250 words) stating your understanding of the Order of the Eastern Star, the Masonic Lodge, and/or your Masonic affiliated youth organization, and what way, if any, it may have affected your life. *Be sure this document is dated and signed by you. Please proofread (for grammar, spelling, etc.)*

_____ F. The Scholarship Recommendation Form is included with this application. Three recommendations, each using a copy of this form, are required. Each recommender should be familiar with your academic achievement, your moral character, your employment experiences, and your organizational and community activities. The recommenders shall not be relatives, family members or students, but may include school personnel, teachers, administrators, and employers. You may also include one recommendation from a member of a Masonic organization.

1. Complete Section 1 of the Scholarship Recommendation Form before giving the form to the three (3) 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, each recommender should give the form, in a sealed envelope, directly to the scholarship applicant.
3. All **three (3) recommendations** must be included in the Scholarship Application Packet when it is sent to the Secretary of the Committee – postmarked **NO LATER THAN THE APRIL 30, 2027, DEADLINE!** It is the Scholarship Applicant's responsibility to get the recommendation from the person writing it.

_____ **G. The Completed Scholarship Packet should contain the following items:**

1. Application
2. Resume
3. One page Essay
4. Three (3) **Sealed** Envelopes containing completed Scholarship Recommendations that the applicant has personally received from the persons writing the recommendation.
5. A current **Sealed** Transcript from your college for the quarters/semesters completed before April 30th, showing that you have completed or are on your way to complete by July one year of your course work.
6. Confirmation form for applicable full-time student status, signed and dated by the registrar or your advisor.

This Scholarship Application Packet **MUST BE POSTMARKED NO LATER THAN APRIL 30, 2027.** **We suggest** this packet be sent with a confirmation return (so that it can be tracked if your scholarship application does not arrive on time).

_____ H. An **Official Transcript,** including the last quarter/semester you attended college, in a sealed envelope and signed by the Registrar must be received by the committee secretary postmarked no later than **July 15, 2027.** This will be used to verify that all academic eligibility requirements were indeed met. If you fail to provide an Official Transcript with the Spring Term graded, you will forfeit your awarded scholarship.
(There is usually a fee charged to you by the school for these transcripts. You can also order them and have a hold placed until the Spring Term is graded.)

PLEASE SUBMIT ONLY THE REQUESTED DOCUMENTS. Do NOT include copies of awards, membership cards, newspaper articles, etc. Accuracy and neatness count! You are competing for a limited number of scholarships. Put your best effort forward. Avoid careless mistakes. Proofread and review your completed application before submitting it to the Committee. We want to help you complete your education, but we will be awarding scholarships to the most deserving. ALL DECISIONS OF THE COMMITTEE ARE FINAL.

Any questions can be directed to any member of the Eastern Star Scholarship Committee or the Office of the Grand Secretary, Grand Chapter of Washington, Order of the Eastern Star at (253)590-4321.

You will be notified by mail during the first part of June as to the disposition of your application. We will have an award ceremony at our informal opening of Grand Chapter which is usually the last week of June. Your attendance is appreciated, but not required. If your application is approved, the awarded monies will be sent directly to the college/vocational school by August 15th of the current year. The school will establish a fund upon which you can draw for your educational needs.

SEND ALL COMPLETED FORMS TO: Tanya Cochran; 6900 N. Congress Ave.; Portland, OR 97217
Questions can also be emailed to ty91@hotmail.com or you can call 503-819-4124

2027 APPLICATION FOR EASTERN STAR SCHOLARSHIP

NAME: _____ _____ _____ _____
Last *First* *Middle* *Age*

MAILING ADDRESS: _____ _____ _____ _____

PHYSICAL ADDRESS: _____
Street *City* *State* *Zip*

TELEPHONE: (_____) _____ (_____) _____
Area Code *Home Number* *Area Code* *Work Number*

_____
Name and Address of your parents (if you are no longer living at home)

_____
Name and Address of where you are employed

I am a member of: Eastern Star ___ Masonic Lodge ___ Job's Daughters ___ Rainbow ___ DeMolay ___
Name of my Chapter, Lodge, Bethel, or Assembly:

_____ _____ _____ _____
Name *City* *State* *Zip*

My Relationship to a Washington Mason or Eastern Star is/was (be specific): _____
Who is a member of: _____ _____ _____ _____
Name of Chapter or Lodge *#* *City* *State*

I will have completed one year of my required course study by June (This is required): _____ My GPA is: _____
My Major Field of study is: _____
In the Fall I will be attending: _____

_____ _____ _____ _____
Mailing Address of Financial Aid Office *City* *State* *Zip*
My Student ID # for college/university is: _____ ***My email is:*** _____

I promise to notify the EASTERN STAR SCHOLARSHIP COMMITTEE of any change in my school status (including graduation occurring before the end of the school year. Initials: _____

I am contributing approximately _____ per cent of my education expenses through work. I have received other Scholarships/Grants in the following amounts:

_____ _____ $_____
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 instruction sheet. I have included my GRADE POINT AVERAGE, OFFICIAL TRANSCRIPT that has been signed and sealed by the Registrar of my school, a RESUME' of my work and school history, three sealed RECOMMENDATIONS and my ESSAY describing the significance/understanding by me of the Order of the Eastern Star, the Masonic Lodge, Job's Daughters, Rainbow for Girls, or DeMolay.

Have you applied for either the ESTARL Scholarship or the Alexandra Schencking Nursing Scholarship in the current year?

_____ Yes ___ No

_____ **Date** _____
Signature of Applicant

For Committee use only: Approved / Rejected _____, 20_____ _____, _____, _____, _____, _____
(Initials of at least 3 Committee Members)

Voucher #_____, Ck#_____ Dated_____, 20_____

RECOMMENDATION FOR 2027 EASTERN STAR SCHOLARSHIP

Section 1 ***(to be completed by Applicant):*** *The Eastern Star Scholarship Fund Committee has received an application from:*

Name of Applicant	*City*	*State*	*Zip*

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

Name of University	*City*	*State*

Section 2 ***(to be completed by Recommender):***

Please provide your knowledge to the applicant's character and reputation regarding leadership skills, dependability, etc. All information will be held confidential. Please feel free to use the back of this form for additional information, if needed.

Why would you recommend this applicant for a scholarship?

Signed: _____ **Date:** _____

Title/Relationship to Applicant: _____

Full Name (Please Print)	*Area Code*	*Work Number*
	(_____)	

Street Address	*City*	*State*	*Zip*

Thank you for taking the time to complete this form and assisting this student.

Please return this form in a sealed envelope and give it directly to the Scholarship Applicant

Grand Chapter of Washington
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Enrollment Certification Request

Student Information:

Name _____ Student ID# _____

Has this student been accepted and registered or is qualified to register for classes as an under-graduate student at this educational institution for the 2027 Fall Semester/Quarter?

Yes No (Circle One)

_____

Registrar or Advisor Signature

Date: _____ Phone:_____

_____

School Name and Address

Student Signature _____ Date _____