

GLENN MONROE YOUTH SCHOLARSHIP AWARD APPLICATION

THE GRAND CHAPTER OF COLORADO, ORDER OF THE EASTERN STAR

2495 So Quebec St #60, Denver, CO 80231-6068 Telephone No. 303-759-5936

PLEASE NOTE THE FOLLOWING MINIMUM REQUIREMENTS TO BE ELIGIBLE FOR THE SCHOLARSHIP

1. Applicant must be an active member of either (circle one):

Job's Daughters

Rainbow for Girls

DeMolay.

2. Applicant must be a permanent resident of Colorado, a Graduating High School Senior or currently attending an approved College.
3. Higher education institution (College) to which you plan on attending must be accredited through North Central Accreditation Association (NCAA) OR the Trade School must be licensed.
4. Must attend educational institution as a full-time student.
5. Application must be completed, **signed and received by April 16th**.

This is a Masonic Youth scholarship, therefore, in addition to scholastic achievement and need, considerable weighting for selection will be given to the level of activity and support the applicant has given to her or his Masonic Youth organization(s). The applicant does not have to attend a school in Colorado to be eligible for this scholarship.

NAME: _____
(Last) (First) (Middle) (Maiden)

DATE OF BIRTH: ____/____/____ SOC. SEC. NO. _____ PHONE: (____) _____
(Mo) (Day) (Yr)

PERMANENT ADDRESS: _____
(Street) (City) (State) (Zip Code)

PARENTS' NAME, Father: _____ Mother: _____
(Last) (First) (Middle Initial) (Last) (First) (Middle Initial)

FATHER'S ADDRESS: _____
(Street) (City) (State) (Zip Code)

MOTHER'S ADDRESS: _____
(If different than above) (Street) (City) (State) (Zip Code)

PARENTS' OCCUPATION: _____ (Father) _____ (Mother)

Will your parents be assisting you with your educational expenses? [] Yes [] No
If your parents are limited in their ability to assist you with your educational expenses, please explain the reasons:

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High School from which you graduated: _____
(Name) (City) (State)

Institution where you plan to use this scholarship: _____
(Name) (Street) (City) (State) (Zip Code)

Have you received other scholarship awards? [] Yes [] No

If yes, please give the name of the scholarship, amount of the award and period of time granted:

List other types of financial assistance you are, or will be receiving. Describe the type of assistance and give the amount. (If more space needed, please use separate attachment)

(Applicant's Signature)

(Date)

To be eligible for the scholarship all of the following information MUST be included with the application:

1. Three letters of recommendation, one each from the following: Masonic Youth Adult Leader (Guardian, Mother Advisor, or DeMolay Dad), School Teacher or Principal, Other Youth Organization Adult Leader or Minister. List of activities, with name of organization and positions held, in which you are or have been involved, grouped by:
 - Masonic organization(s)
 - School
 - Sports
 - Community service
 - Church and other youth organization
2. An official high school transcript showing all courses for 10th, 11th and most recently completed quarter or semester. Grade reports will **not** be accepted.
3. Please include a small photograph of yourself (for use in Order of the Eastern Star Publications).
4. Letter stating reason financial aid is needed.

Mail to:

**Glen Monroe Youth Scholarship Chairman
c/o Grand Chapter of CO, OES
2495 So Quebec St #60
Denver, CO 80231-6068**