



OES Scholarship Committee Grand Chapter of Arizona Order of the Eastern Star

Dear Scholarship Applicant

Attached is the current application for applying for an Arizona Eastern Star Scholarship.

The current scholarship committee is listed below, and any one of these Eastern Star members is more than willing to answer any questions regarding the application process and requirements.

Jeff Browne, Chairman
928-699-2202
orangebug65@yahoo.com

Karon Lamb, Secretary
480-892-0327
karonlamb@cox.net

Perry Casazza, PGP, Member
602-505-1408
PECasazza@aol.com

Linda Beck, Member
602-277-8082
lbeckoes@gmail.com

Patricia Rogokos
480-730-9980
Pmiller154@cox.net

Please do not hesitate to contact any one of these committee members if you have any questions or need assistance in completing the application.



ARIZONA EASTERN STAR SCHOLARSHIP APPLICATION

CHECK SHEET

Scholarship Application Deadlines: June 15th and January 15th each year

Please ask yourself the following questions and complete all pages of the application:

- _____ Do I have a **current official transcript** of the last school semester attended?
- _____ Is my **Grade Point Average** at or above 2.5? If I'm a graduate student, is my GPA at or above 3.0?
- _____ Can I provide a **schedule of classes** I have enrolled in or intend to take for the next semester including how many **credit hours** each class represents from the institute of higher education in which I am enrolled? (12 credits for undergrads, 9 credits for graduates)
- _____ Do I have a **recent photograph** to attach to this application?
- _____ Can I attach a **Letter of Endorsement** (see attached form) from one of the following organizations:
- An Arizona Eastern Star Chapter?
 - An Arizona Job's Daughters Bethel?
 - An Arizona Rainbow Assembly?
 - An Arizona DeMolay Chapter?
- Due to the COVID-19 pandemic and the organizations inability to meet, the committee has temporarily waived the endorsement requirement for the organizations.
- _____ Have I written a **signed Personal Letter** about me to attach to the application?
- _____ Can I attach **three (3) signed Letters of Recommendation** from adults that I have worked with?

If you can answer and do **all of the steps above**, please proceed by **legibly** filling out the application attached, **sign where indicated** and **mail this application and all attachments** to:

Karon Lamb, Secretary
Arizona OES Scholarship Committee
1526 W Coquina Dr
Gilbert, AZ 85233
480-892-0327
karonlamb@cox.net (Subject line: OES)

Signature of Applicant

Date



ARIZONA EASTERN STAR SCHOLARSHIP APPLICATION

Scholarships are granted to worthy young women and men with the proper qualifications and recommendations. Emphasis is placed on need, character, service, leadership and scholarship. A recipient must be registered as a full time student - a minimum of 12 credit hours at an accredited institution of higher learning and working toward a degree (9 credit hours for graduate students).

This application must be completed, signed by the applicant and returned to the Scholarship Committee. It must be accompanied by: a most recent **official grade transcript**, **three (3) signed letters of recommendation** from adults who have worked with the applicant in some capacity for a reasonable time, a **letter from the applicant** stating his or her needs and circumstances, a **recent photograph** of the applicant and a **letter of endorsement** on official letterhead, signed by an officer and sealed with an official seal from one of the following: an Arizona Eastern Star Chapter or an Arizona Job's Daughters Bethel or an Arizona Rainbow Assembly or an Arizona DeMolay Chapter

Name:

Last First Middle Maiden

E-mail:

Check will be sent to this address:

Permanent Address:

Present Occupation:

Date of Birth: _____ **Place of Birth:** _____

Home Phone: _____ **Work/Cell Phone:** _____

Name of Father: _____

Name of Mother: _____

**Including yourself, number
of children in family:** _____

**Including yourself,
how many in college?** _____

One of the following Arizona affiliations is required for scholarship eligibility:

Eastern Star: Chapter Name & Nbr: _____

Rainbow Girls: Assembly Name & Nbr: _____

Job's Daughters: Bethel Name & Nbr: _____

DeMolay: Chapter Name & Nbr: _____

Or an Arizona family member who is a member of the OES. Please list their Name, Chapter Name & Number and Chapter Address:



ARIZONA EASTERN STAR SCHOLARSHIP APPLICATION

EDUCATION:

From what High School did you graduate? _____

What year? _____ Location: _____

In what college are you now enrolled? _____

In what college or university do you intend to enroll next semester? _____

What was your GPA the last two years? 1. _____ 2. _____

Your College Standing: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Adv. Degree

Major: _____ Minor: _____

INTERESTS:

What extra-curricular activities or hobbies did you most recently participate?

What honors, awards or other recognition have you received?

Are you applying for other scholarships? ___ Yes ___ No If so, please name them:

FINANCIAL:

How much financial assistance will you need for the upcoming academic year? _____

How much of this amount will your parents be able to contribute? _____

Have you earned any part of the cost of your education? ___ Yes ___ No
If so, how much? _____

Please provide your employer's name and address:

Signature of Applicant

Date



ARIZONA EASTERN STAR SCHOLARSHIP APPLICATION

LETTER OF ENDORSEMENT

To the Members of the AZ OES Scholarship Committee:

At a stated meeting of _____
Name of organization

held on _____, the members voted to endorse the application for a
Date of meeting

scholarship by _____.
Name of applicant

The applicant is (check one):

☐ Related to one of our members: _____
Name of member

☐ Member of our Assembly/Bethel/Chapter (circle one)

☐ Majority Member of our Assembly/Bethel/Chapter (circle one)

Signature of Presiding Officer or Secretary

Title



CLASS SCHEDULE FOR NEXT SEMESTER

***YOU MUST SUBMIT A COPY OF YOUR ENROLLED CLASSES FROM THE
INSTITUTION OF HIGHER EDUCATION AS SOON AS IT IS AVAILABLE IN ORDER
TO RECEIVE ANY AWARD***

Date: _____

Course and Number	Number of Hours
Must be a minimum of 12 hours (9 hours for graduate students). TOTAL HOURS	

Signed: _____

Send your completed application to:

Karon Lamb, Secretary
Arizona OES Scholarship Committee
1526 W Coquina Dr
Gilbert, AZ 85233
480-892-0327

karonlamb@cox.net (Subject line: OES)