

Educational Scholarship Instructions

Order of the Eastern Star

This Educational Scholarship was created by Linden Chapter # 175, Order of the Eastern Star and exists for the purpose of assisting those who will graduate in 2020 from Carmen-Ainsworth Community Schools.

Applicants Must:

1. Earn a High School Diploma
2. Demonstrate a financial need (unable to attend college without assistance)
3. Enroll as a full-time student (12 or more credit hours per semester)
4. Attend an accredited college or university
5. Be available for interview

Application Requires:

1. Application completely filled out with all attachments
2. Current copy of transcript (will accept through winter semester of current year)
3. G.P.A. of 3.0 or higher (on a 4.0 scale)
4. A letter from parents(s) or guardian
5. A letter from recent teacher
6. A letter/statement from applicant explaining the need of the scholarship
7. Character recommendations (preferably not from a relative or a teacher)
8. A recent photograph of applicant
9. Finance Office information for mailing scholarship to the college or university

If attending an out-of-state college or university, give reason in full.

The application and all required items must be returned to the School for pick up by OES on April 21, 2020. All applications without the necessary information/attachments will be rejected. **Any incomplete sections must have an accompanying letter of explanation and a date when missing items will be forwarded. Time does not allow for mailing back and forth.** Applicants: Please retain this explanatory sheet

Application for Educational Scholarship Linden Chapter #175, Order of the Easter Star

c/o Joan Wade, Scholarship Chairperson
1081 Roman Drive * Flint, MI 48507
810-767-3758 * joanwade@comcast.net

Part I

Full Name of Applicant _____ **Age** _____

Phone Number _____

Home Address _____

High School _____ **G.P.A.** _____

College/University _____

Address _____

If out-of-state, explain why/need _____

Course or Major selected _____

Semester Tuitions \$ _____ **Room/Board \$** _____ **Books \$** _____

Other Expenses _____

Scholastic Preparation to Date _____

Other Scholarships () Yes () No **If yes, explain** _____

Assistance from parents, describe _____

What have you done to help yourself? _____

Part II

Names of Parents _____

Address _____

Occupation of Father _____ Occupation of Mother _____

Approximate combined annual Income \$ _____

Indebtedness \$ _____

Other children at home or in college _____ Ages _____

Finance Office Information

Name of Scholarship Recipient _____

College or University _____

Address _____

City, State, Zip _____

Student ID Number _____

NOTE: THIS FORM MUST BE COMPLETED WITH THE ADDRESS OF THE SCHOOL WHERE THE SCHOLARSHIP CHECK IS TO BE SENT OR THE SCHOLARSHIP WILL BE VOIDED.

Please address all questions to Scholarship Chairperson: Joan Wade @ 810-767-3758 or 810-577-2233

Contact with College or University will be handled by our Chapter Secretary:

Marilyn Ivey-Crook
7384 Green Valley Drive
Grand Blanc, MI 48439
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(810) 287-4864