

P.E.O. STAR Scholarship

STUDENT PROFILE



Name of Student: _____
First Middle Last

Permanent Address: _____
Street Address

City State/Province Zip/Postal Code

Current Address: _____
(If Different) Street Address

City State/Province Zip/Postal Code

Cell Phone: _____ Home Phone: _____ Email: _____

Citizen/Legal Permanent Resident of (U.S. or Canada): _____ Date of Birth: _____

Name of High School: _____

Address of High School: _____

GPA: _____ (based on 4.00 scale) Class Rank: _____ of _____ in class (if applicable)

The following items must accompany this Student Profile:

- 1. Student Activity Chart explaining your involvement and level of responsibilities.**
- 2. A one-page essay stating your future career goals. Put your name on your essay.**
- 3. Official high school transcript through 11th grade (junior year).**
- 4. Canadian applicants must include a copy of their Province Conversion Grading Scale with their packet.**
- 5. Two letters of reference from those who know you well. Each should be in a sealed envelope with the reference's signature across the seal. Please indicate names and titles on lines below.**

a) _____ b) _____

Title: _____ Title: _____

Yes No

☐ ☐

If selected as a P.E.O. STAR Scholarship recipient, I give my permission to the P.E.O. Sisterhood to use my name and information provided in my application and any additional information submitted for the P.E.O. STAR Scholarship. This includes photos for publicity in the media and publication purposes on the P.E.O. website.

Yes No

☐ ☐

I hereby grant permission to the P.E.O. STAR Scholarship Board of Trustees to release my name and address information on this application to Cottey College, a two-year liberal arts college for women owned by the P.E.O. Sisterhood.

Not granting publicity permission or requesting Cottey information will not affect the scholarship selection process.

I declare this information to be correct to the best of my knowledge.

Student Signature Required

Parent/Guardian Signature Required if Applicant is under 18

Date

Print Name of Parent/Guardian

Return this application and all supporting materials to the P.E.O. chapter contact:

Chapter: _____ State/Province/District: _____ Phone/Email: _____

By: _____

Date to be Determined by P.E.O. Chapter Contact