

Scholarship Application

Application due date: April 1, 2016

Order of the Eastern Star

Electa Ladies of Faith Chapter # 35

“Shining Stars of Faith”

Scholarship 2016

1. DEADLINE for scholarship applications is *April 1, 2016* (NO EXCEPTIONS)
2. Refer to application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.) Incomplete applications will not be considered.
3. If any question does not apply to you in this application please put N/A in the space.
4. Type or print legibly. Illegible applications will be returned to you.
5. You will be notified by phone or mail in April regarding the status of your application.
6. If you have any questions about the application, contact us by email at [electaladiesoffaith35@gmail.com](mailto:electaladiesoffaith35@gmail.com)

**PURPOSE** The Shining Stars of Faith Scholarship was established in 2014. The mission of the scholarship is to provide financial assistance to individuals enrolled for undergraduate study in community colleges, and universities. The Scholarship principally targets two and four year academic programs.

**FINANCIAL ASSISTANCE** *is based on academic performance, leadership potential, and participation in community volunteer hours.*

**SCHOLARSHIP AWARDS**

The OES Electa Ladies of Faith # 35 awards scholarships on the basis of a comprehensive process. Areas that are reviewed by the committee include, but are not limited to the following: *Academic Accomplishments, Community Service, References, and Personal Essay.* *Scholarship funds are paid directly to the recipient.*

***CRITERIA***

* *Applicants must be female minority students.*
* Applicants must have permanent residence status in Texas, *and must be a permanent resident of the United States.*
* Applicants must be completing or have completed high school successfully with a minimum unweighted GPA of 3.0 on a 4.0 scale.
* Applicants must be accepted as a full time student at a *college, university, or trade school* program for the upcoming academic semester.
* Applicants must complete and submit a Scholarship Application postmarked by Tuesday, **April 1, 2016**
* Applicants must complete a 250 word essay on “Why I am a Shining Star of faith”.

**TIMELINE**

* Applications are due **April 1, 2016**
* Applicants are notified if awarded a scholarship by May 1, 2016

**Application Process**

**SCHOLARSHIP APPLICANTS MUST PROVIDE:**

* Completed application form.
* Official high school transcript in a sealed envelope from the institution.
* Two letters of recommendation.
* Proof of acceptance at an academic, vocational or technical school for post-secondary studies.
* A minimum 250 word essay.
* A letter of acceptance from the college or university or proof of enrollment

**SCHOLARSHIP AWARDS**

* Award notification will be given by May 1, 2016.

***Deadline***for the application is Tuesday**, April 1, 2016**. Applications postmarked after this date will not be considered.

**Please mail OR submit application to:**

Shining Stars of Faith

**Scholarship Program**

**Hadassah Grand Chapter**

**Order of The Eastern Star**

**12650 North Beach St.**

[](http://www.inthebeginninglive.com/print-tshirts-c-660_708_716/oes-sisters-keeper-tshirt-p-1195.html) **Suite 114 #89**

**Keller, Tx. 76244**

**Application 2016-must be filled out by applicant.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please **type or print** your answers below. A separate sheet may be used if needed. If application is illegible it will be returned to you. | | | | | | | | | |
| 1 | Last Name: | | | First Name: | | | | | |
| 2 | Mailing Address:: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: State: ZIP: | | | | | | | | |
| 3 | Daytime Telephone Number: ( )  Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 4 | Current High School: | | | | | | | High School Graduation date: | |
| 5 | I will be attending the following school in the Fall of 2016: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address/ Phone | | | | | | | | |
| 6 | What year will you enter school? Freshman Sophomore Junior Senior | | | | | | | | |
| 7 | Will you be a full time student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (minimum 12 hrs.) | | | | | | | | |
| 8 | Will you be a commuting student? Will you live on campus? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you are not living on campus, where will you be living? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 9 | Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (On a 4.0 scale)  Attach proof of GPA; your most recent **official** school transcript required. | | | | | | | | |
| 10 | ACT Score:\_\_\_\_\_\_\_\_\_\_  Or  SAT Score: \_\_\_\_\_\_\_\_\_\_  A copy of your ACT **or** SAT score sheet on official high school transcript is required. | | | | | | | | |
| 11 | Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_  Home phone of parents or legal guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 12 | List the name of any college you have attended. | | | | Year  Began | Year  Ended | Year  Graduated | | Type of Degree or grade received /Hours |
|  | A. |  | | |  |  |  | |  |
| B. |  | | |  |  |  | |  |
| C. |  | | |  |  |  | |  |
| 13 | What specialty/major do you plan to major in as you continue your education? | | | | | | | | |
| 14 | List other financial assistance you will receive per semester or quarter: | | | | | | | | |
|  | A. | | Personal: (currently working or work /study during school) Amount: $ | | | | | | |
| B. | | Other Scholarship(s): Amount: $ | | | | | | |
| C. | | Grants: Amount: $ | | | | | | |
| C. | | Student Loan(s): Amount: $ | | | | | | |
| D. | | Other Financial Resources: ( to include parent contribution) Amount: $ | | | | | | |

**Please list the following information on a separate sheet if needed.**

|  |  |  |  |
| --- | --- | --- | --- |
| 15 | **SCHOOL EXTRA-CURRICULAR ACTIVITIES:** Please list school extra-curricular activities in which you have participated. Note leadership roles and dates. | | |
| 16 | **Order of the Eastern Star:** Do you have any OES affiliations? Yes / No  If yes, How are you affiliated? | | |
| 17 | **ORGANIZATIONS:** Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates. | | |
| 18 | **RECOGNITIONS**: Please list important awards and recognitions received. Note organizations presenting honor and date. | | |
| 19 | **GOALS:** What are the short and long term goals for your life? | | |
| 20 | **NEED:** Please explain your need for the Shining Stars of Faith Scholarship | | |
| 21 | A. The following criteria must be met in order for the application to qualify to be reviewed by the scholarship committee.  B. Your application will be returned to you if these items are not attached to this application. (No exceptions.)  C. Circle “YES” or “NO” to be sure you have completed and attached each item as required. | | |
|  | YES | NO | **Application complete** |
|  | YES | NO | **Two reference forms.** Your references should be in separate sealed envelopes |
| YES | NO | **Proof of college acceptance or current student enrollment.** A letter of college enrollment or program enrollment is required for receipt of funds. |
| YES | NO | **Most recent official high school or official college transcript**. Photocopies of your transcript are **not acceptable**. |
| YES | NO | **250 word essay on \_\_*Why I am a Shining star of faith*\_** |
|  | YES | NO | Photo (Head Shot) |

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the Electa Ladies of Faith Chapter # 35 Scholarship Committee is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Electa Ladies of Faith #35 “Shining Stars of Faith” Scholarship Program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The deadline for this application must be**

**Postmarked by Friday, April 1, 2016 No exceptions!**