RULES REGARDING SCHOLARSHIPS

1. Scholarships are available to students who are members or children, grandchildren or great-grandchildren of members of an Oregon Eastern Star Chapter, and are attending an institution of higher education in Oregon.

2. Scholarships are awarded at the end of the junior year to worthy students in need of financial assistance for the senior year. Such scholarships will be awarded only to students who have made a satisfactory record in previous schoolwork.

3. To secure a scholarship, the supplication must be recommended by the Dean of Women or Men, Faculty Advisor, or Financial Aid Officer of the institution, which the applicant is attending.

4. Scholarship applications must also include a recommendation by the Worthy Matron, Worthy Patron or Secretary of the Eastern Star Chapter to which the applicant or family member belongs.

Please return the completed application by April 15, 2020 to:

Michelle Combs, Chair.
Dorothy M. Dewing Scholarship Endowment Committee
1355 Conklin Ave
Grants Pass, OR 97526
541-659-2239

Questions?
Contact Michelle Combs at 541-659-2239 or amichellecombs@hotmail.com

*when e-mailing, please put in subject line: Dorothy M. Dewing Scholarship*
GRAND CHAPTER OF OREGON Order of the Eastern Star

Dorothy M. Dewing Scholarship Endowment Application

I____________________________________ hereby make application for a scholarship to assist me in pursuing my senior year of studies at________________________ for the _______ scholastic year.

Name of College or University____________________________________________________________

1. Address of Institution______________________________________________________________
   City_________________ State ___ Zip ________

2. Address of Student_______________________________________________________________
   City_________________ State ___ Zip _________

3. Student’s Phone #_______________________________________________________________

4. Place of Birth: _________________________________________________________________

5. Married or Single: ________________________

6. Father’s Name: _________________________________________________________________

7. Mother’s Name: _________________________________________________________________

8. S.S.N. or Student ID#_____________________________________________________________

9. Date of Birth _________________________________________________________________

10. Oregon Eastern Star Chapter to Which You Belong: ________________________________

11. If you are basing your application on the membership of a relative, state their:
    Name: __________________________ Relationship:____________________
    EasternStarChapter___________________________________________________________

12. Do you, or did you belong to Job’s Daughters, Rainbow or DeMolay?_______
    If so, which Bethel, Assembly, Chapter?_______________________________________

13. Are your parents aware of your application for this scholarship and approve?_______

14. Have you applied for a Leslie S. Parker Memorial Scholarship?____________________

15. Have you indebtedness______  
16. If so, state nature and amount on reverse side of this sheet  
17. What was the average of your monthly expenses last term? ________________________  
18. Are you employed?___________________  
19. What other resource do you have (Scholarships, Grants, etc.), and amounts?  
_________________________________________________________  
20. What is your major field of study?__________________________________________  
21. **Attach an Official Transcript of Your Scholastic Standing from your freshman, sophomore and junior years.**

Dorothy M. Dewing Scholarship Endowment Application

_________________________________________ Signature of Applicant   Date _____________
To: Dorothy M. Dewing Scholarship Endowment Committee  
Grand Chapter of Oregon 
Order of the Eastern Star 

On the application of _______________________________________________________

To complete her/his education in__________________________________________College or University

It is of great importance that this scholarship fund be made available to students who are most worthy. To this end, please furnish the following information which will be considered confidential. Consider the following points when assessing the student’s performance:

- Studious
- Ambitious
- Energetic
- Conscientious Citizen

I recommend that this applicant be awarded a scholarship.

____________________________________  
Signature  Title

Dean, Faculty Advisor or Financial Aid Officer
DOROTHY M. DEWING SCHOLARSHIP ENDOWMENT

Application Check List

Please be sure to return ALL required portions of this Scholarship Application at the same time, to ensure consideration for this Scholarship. To assist you in completing this application, please use the following check list to make sure all requirements have been completed and returned.

- Scholarship Application
- Letter of Recommendation from Dean, Faculty Advisor, or Financial Aid Officer
- Official Transcript of Scholastic Standing (please include official transcripts from freshman, sophomore and junior years)
- Letter of Sponsorship from the Worthy Matron, Worthy Patron or Secretary of the Sponsoring Eastern Star Chapter.

Remember, the completed scholarship application MUST be received by April 15, 2020.

If you have any further questions, please contact:

Michelle Combs, Chair.
Dorothy M. Dewing Scholarship Endowment Committee
1355 Conklin Ave
Grants Pass, OR 97526
541-659-2239
amichellecombs@hotmail.com

*When e-mailing, please put in subject line: Dorothy M. Dewing Scholarship