



DOROTHY M. DEWING SCHOLARSHIP ENDOWMENT COMMITTEE
GRAND CHAPTER OF OREGON
Order of the Eastern Star

APPLICATION FORM AND RULES

1. Scholarships are available to students who are members, children, grandchildren, and great grandchildren of members of an Eastern Star Chapter and must be 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 their senior year. This scholarship will only be awarded to students who have made a satisfactory record in previous schoolwork.
3. To secure a scholarship, the applicant 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.
5. **A Sealed Official Transcript for your Freshman, Sophomore and Junior years must accompany this application and each must have the Registrar's official seal on it.**

Completed applications with supporting documentation must be received by the Dorothy M. Dewing Scholarship Endowment Committee by **March 30, 2024**. Please mail them to:

John Thomas, Chair
Dorothy M. Dewing Scholarship Endowment Committee
81434 Craig Road
Hermiston, OR 97838

For questions or concerns you may reach me at:

541-561-1144 or jwthomas1949@gmail.com *

*Subject line should read: Dorothy M. Dewing Scholarship



**GRAND CHAPTER OF OREGON
Order of the Eastern Star
Dorothy M. Dewing Scholarship Endowment Application**

I, _____, hereby make application for the Dorothy M. Dewing Scholarship to assist in pursuing my senior year of studies at _____ for the 2024-20245 Academic Year.

Name of College or University

Address	City	State	ZIP

Student Information:

Address	City	State	ZIP
---------	------	-------	-----

Phone (Home/Cell)	Date of Birth	Place of Birth
-------------------	---------------	----------------

Marital Status	SSN or Student ID#
----------------	--------------------

Father's Name	Mother's Name
---------------	---------------

Name of Eastern Star member	Phone Number
-----------------------------	--------------

Oregon Eastern Star Chapter to which you or your family member belong	Relationship
---	--------------

Were/Are you a member of Job's Daughters, Rainbow or DeMolay	Bethel, Assembly or Chapter Name
--	----------------------------------

Are your parents aware of your application for this scholarship	Do they approve
---	-----------------

Have you previously applied for a Leslie S. Parker Memorial Scholarship	When
---	------

Have you indebtedness; if so, state the nature of and amount(s). Use reverse side for additional space, if needed.

Average monthly expenses last term

Are you employed

Where

Other source(s) of income, i.e., Scholarships, Grants, etc. and the amount of each

What is your major field of study

Signature of Applicant

Date



**GRAND CHAPTER OF OREGON
Order of the Eastern Star
Dorothy M. Dewing Scholarship Endowment**

Eastern Star Application Reference

It is of great importance that this scholarship be made available to students who are most worthy. To this end, please furnish the following information in letter format and with the College or University's seal within a sealed envelope with your signature across the flap. (This information will be considered confidential.)

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 at _____
Name of College or University

Consider the following points when assessing the student's performance:

- Studious

- Ambitious

- Energetic

- Conscientious Citizen

I hereby recommend that this applicant be awarded the Dorothy M. Dewing Scholarship

Signature

Title



**GRAND CHAPTER OF OREGON
Order of the Eastern Star
Dorothy M. Dewing Scholarship Endowment**

Application Checklist

Please be sure to include all required documents for this scholarship application are received **at the same time**, to ensure your consideration for this scholarship. Please use the following checklist to make sure all documentation is completed and returned. As a reminder, the completed application, application references, and transcripts must be received by **March 30, 2024**.

- **Scholarship Application.**
- **Confidential Letter of Recommendation from your Dean, Faculty Advisor or Financial Aid Officer.**
- **Sealed Official Transcripts for Freshman, Sophomore and Junior years.**
- **Letter of Sponsorship from the Worthy Matron, Worthy Patron, or Secretary of the sponsoring Oregon Eastern Star Chapter.**

Please mail your documents to:

John Thomas, Chair
Dorothy M. Dewing Scholarship Endowment Committee
81434 Craig Road
Hermiston, OR 97838

For questions or concerns you may reach me at:

541-561-1144 or jwthomas1949@gmail.com *

*Subject line should read: Dorothy M. Dewing Scholarship