



GRAND CHAPTER OF OREGON, ORDER OF THE EASTERN STAR

Leslie S. Parker Memorial Scholarship
APPLICATION FORM

(Must be returned to the committee chairperson by April 15, 2012)

1. Name (in full) _____

Last, First, Middle

2. Place and Date of Birth _____

3. Address to which notification of Committee action should be
mailed: _____

Street address, City, State, Zip

Phone () _____ - _____

4. If single:

Father's Name _____

Address _____ Occupation _____

Annual Income _____

Mother's Name _____

Address _____ Occupation _____

Annual Income _____

Guardian's Name _____

Address _____ Occupation _____

of children in family _____ Ages _____ In College? _____

5. If married/Domestic Partnership

6. Partner's Name _____ Occupation & Income _____

of Children and ages _____

7. *Do you have any Masonic or Eastern Star affiliation? _____ (yes or no)

If so, what is it? _____

*(Not required to be eligible for scholarship award)

8. Major field of study _____ Degree _____

9. Name of Institution you plan to attend _____

10. How many semesters _____ quarters _____ completed toward degree?

11. Status as of September 2011: Junior _____ Senior _____ Graduate School _____

Estimate time after this school year, if enrolled, to complete your degree _____

12. List major extracurricular offices and activities

13. Identify all scholarships and grants expected in the coming year. List AID from outside sources, exclusive of parental support, that you will receive during your college attendance, including dates and amounts. Indicate those that you have been granted or applied for.

14. Indicate to what extent you work in order to defray your expenses, (nature of employment, hours per week, amount earned, seasonal)

15. Have you any debt? If so, state nature and amount.

16. Annual Budget For College Year

Your Expenses	Your Resources
Tuition_____	From Parents_____
Books_____	Your Earnings_____
Board/Room_____	Domestic Partner's Earnings_____
Supplies_____	Savings_____
Medical Care_____	Loans_____
Other Costs_____	Other Sources_____
	TOTAL _____
	TOTAL REQUEST_____

1. Attach a copy of your full academic record, including the last term or semester you were enrolled. (does not need to be certified)
2. Arrange for **two** letters of recommendation, using the College Reference Forms, from a Faculty Member, Administrative Staff Member, Club Advisor, or Counselor of the Institution you are currently attending, or have attended. Forms to be sent directly to the Chairman of the Leslie S. Parker Scholarship Committee at the address below.

Signature of Applicant and Date

Return completed application and supporting documentation to:

Patti Baldwin, Chair Leslie S. Parker Scholarship Selection Committee 1024 SE Barberry, Dallas, OR 97338

Contact: Pattibaldwin1@msn.com