

LESLIE S. PARKER MEMORIAL SCHOLARSHIP COMMITTEE GRAND CHAPTER OF OREGON, ORDER OF THE EASTERN STAR

APPLICATION FORM: Must be returned to the committee chairperson by April 15

1. Name (in full) _____

Last First Middle

2. Place and Date of Birth _____

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

Phone: _____

4. Are you married? _____ Date of Marriage _____ # of children _____

Husband's Name, Occupation & Monthly Income _____

5. Parents: Father's Name _____

Address _____

Occupation _____ Annual Income _____

Mother's Name _____ Address _____

Occupation _____ Annual Income _____

Or Guardian's Name _____

Address _____

Occupation _____

6. Number of siblings in family _____ Ages _____ Number In College _____

7. For what business or profession are you preparing? _____

8. Major field of study _____ Degree _____

9. Name of Institution you plan to attend _____

10. Number of semesters _____ or quarters _____ completed toward degree.

11. Estimate length of time (after this school year, if enrolled), it will take you to earn your degree: _____

12. Status as of September 2010: Junior _____ Senior _____ Graduate _____

13. List major extracurricular offices and activities:

14. 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 amount. Indicate those that for which you have applied or been granted.

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

16. Have you any debt? If so, state nature, amount & security:

17. **Annual Budget For College Year** Your Expenses Your Resources

Tuition \$ _____ From Parents \$ _____ Books _____
Your Earnings _____ Board & Room _____ Husband
_____ Clothing _____ Savings _____ Medical Care
_____ Loans _____ Other Costs _____ Investments
_____ Other Sources _____ TOTALS \$ _____ \$
_____ (*Resources less Expenses*) TOTAL NEEDED \$ _____

Be realistic. A good guide is the cost of college in your college catalog.

18. Attach a copy of full academic record, including last quarter or semester you were enrolled in college.

19. Two letters of recommendation, (using the College Reference Forms) from either the Administrator of Faculty, Dean (Director) of School, Professor of your Dept. of Major, Dean of Women, or Advisor (Counselor) of the Institution you last attended. **THESE MUST BE SENT DIRECTLY TO THE CHAIRPERSON OF THE LESLIE S. PARKER MEMORIAL SCHOLARSHIP COMMITTEE.**

20. PARENTS' CERTIFICATION: We have checked this form for omissions and errors. To the best of our knowledge, the information is complete and correct. We support the applicant's search for financial assistance.

Signature of Both Parents _____

Or Guardian _____

If Married, Husband's Signature _____

Signature of Applicant _____

Social Security Number _____