**2024 SCHOLARSHIP APPLICATION FORM**

**GRAND GUARDIAN COUNCIL OF OHIO**

**JOB’S DAUGHTERS INTERNATIONAL, INC.**

NOTE: The following information is CONFIDENTIAL and will be shared with the

Educational Scholarship Committee members ONLY. Scholarships will be

awarded at Grand Session June 2024. The recipient need not be present to accept.

PLEASE TYPE OR PRINT CLEARLY

The Scholarship Applicant must complete the following information:

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE # E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This will allow the check to be sent directly to the school and be credited to your account.)

CHECK ONE: ACTIVE MEMBER \_\_\_\_ OR MAJORITY MEMBER\_\_\_\_\_

BETHEL #\_\_\_\_\_\_\_*: I HAVE BEEN A MEMBER FOR:* \_\_\_\_\_\_ YEARS

BIRTHDATE: \_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_\_

I AM APPLYING FOR THE FOLLOWING SCHOLARSHIP(S):

(Check all that you are interested in receiving and fit your qualifications)

\_\_\_$500.00 NEFF NURSING SCHOLARSHIP (must have completed 1 year

of nurses training and plans to continue in that profession)

\_\_\_$300.00 AGNES A. BRYANT SCHOLARSHIP (for education degree)

\_\_\_$300.00 GENERAL SCHOLARSHIP awarded by the AKRON WASHINGTON CHAPTER #25 ROYAL ARCH MASONS

\_\_\_ $300.00 FOULK SCHOLARSHIP (for music degree)

Other scholarships will be awarded based on money available for the year.

I plan to further my education in the field of:

NAME OF INSTITUTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FINANCIAL OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have been accepted by the above Institution. YES NO

I am currently attending the above institution. YES NO

If no, what date will you be starting?

GRADE POINT AVERAGE: HIGH SCHOOL:\_\_\_\_\_\_\_ COLLEGE:\_\_\_\_\_\_

TOTAL ACCUMULATED CREDITS: HIGH SCHOOL:\_\_\_\_ COLLEGE:\_\_\_\_\_

NUMBER OF DEPENDENT PEOPLE IN HOUSEHOLD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE THERE ANY OTHER DEPENDENT HOUSEHOLD MEMBERS IN COLLEGE?

YES NO

IF YES, HOW MANY?

ARE HOUSEHOLD DEPENDENTS RECEIVING FINANCIAL ASSISTANCE?

YES NO

IF YES, HOW MUCH?

THIS IS THE FIRST , SECOND , THIRD , OR MORE TIME(S) I HAVE APPLIED FOR A JOB’S DAUGHTER SCHOLARSHIP THROUGH THE GRAND GUARDIAN COUNCIL OF OHIO.

I HAVE HAVE NOT BEEN AWARDED A JOB’S DAUGHTER SCHOLARSHIP FROM THE GRAND GUARDIAN COUNCIL OF OHIO IN A PREVIOUS YEAR.

WHAT YEAR(S) WERE YOU AWARDED SCHOLARSHIPS?

I HAVE APPLIED FOR OTHER SCHOLARSHIPS: YES NO

IF YES: Have you been notified that you will be receiving any other Scholarships?

YES NO

IF YES: What is the amount of the award(s)? $

Are there any special or extraneous circumstances we should be aware of in regard to your or your family’s financial circumstances?

TO THE BETHEL GUARDIAN COUNCIL:

Please complete the following section attesting the applicant is in good standing in Bethel #

She has passed the Proficiency Test Her YES NO

current Dues are paid YES NO

Regularly attending meetings YES NO

OR She is a Majority Member in good standing YES NO

Bethel Guardian Signature Associate Bethel Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE SCHOLARSHIP APPLICANT MUST ANSWER THE FOLLOWING QUESTIONS:

(You may use additional paper if necessary)

1. Besides Job’s Daughters, list any other organizations and/or activities that you are involved with. Please include any offices or honors that you may have received.

2. List the stations you have held in your Bethel, Grand Bethel, Supreme Bethel and any honors (OMJD, OMC, Lily of the Valley Award, etc.) you have received.

3. What have you learned as a member of Job’s Daughters that will be a benefit as you further your education?

PLEASE ATTACH (3) CURRENT LETTERS OF RECOMMENDATION FROM:

AN ADULT NON-FAMILY MEMBER, AN EMPLOYER, AN ADULT FROM HIGH SCHOOL, COLLEGE, CHURCH OR JOB’S DAUGHTERS. THE APPLICANT MUST HAVE THREE (3) LETTERS OF RECOMMENDATION TO QUALIFY FOR A SCHOLARSHIP.

PLEASE CHOOSE ONE OF THE FOLLOWING GRAND GUARDIAN COUNCIL PAYMENT OPTIONS:

1. Make check payable to the College. (This check can then be mailed to the Recipient, Parent or Legal Guardian for payment.)

2. Make check payable to Recipient, Parent or Legal Guardian upon receipt of a

copy of the PAID Bill for Tuition from the Institution or a copy of the canceled

check

LIST THE NAME, ADDRESS AND PHONE NUMBER OF THE PERSON TO WHOM THE CHECK IS TO BE MAILED:

PERSON’S NAME OR COLLEGE NAME:

ADDRESS:

PHONE:

\*NOTE: Unused monies must be returned to Ms. Dawn Raley, Grand Secretary, by November 1,2024. If you have any questions or changes in school information, please contact the Grand Secretary by letter at: 8604 Cottonwood Dr Cincinnati, OH 45231.

Scholarship Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REMINDERS:

\*\*ALL Applications, Recommendations and Requested Attachments MUST be RECEIVED on or before JUNE 1, 2024\*\*

EMAIL APPLICATIONS OR MAIL APPLICATIONS TO: Nikki Bolyard

285 Lewis Road, Circleville, Ohio, 43113

nicolekhill1994@gmail.com

If you have any questions, please contact Nikki Bolyard