Please completely read and follow the instructions on this application.

All documentation needs to be US Postal mailed to chairman. No email applications, please.

- 1. Each applicant MUST include a one page cover letter to be returned with the scholarship application. The cover letter should be in complete letter form complete with signature. The cover letter should include at a minimum the following items:
 - a. Why you are applying for the OES Youth Scholarship
 - b. Why you originally got involved and remain involved in Masonic Youth groups
 - c. Your future collegiate and potential internship or career plans
 - d. Additional information that you feel is important for the scholarship committee.
- 2. The youth scholarship application MUST be completely **filled** out (N/A sections that don't apply) **legibly** and **signed**. You may use additional pages for lists of activities, awards, etc.
- 3. Letter of recommendation from any adult advisor of YOUR youth organization, in a sealed envelope, MUST either accompany the application or be sent directly to the committee chairman (listed below) and must **be received NO LATER THAN May 3, 2024**. If the Letter of Recommendation is mailed separate, it is your responsibility to ensure that it is received NO LATER THAN **May 3, 2024**. If no letter of recommendation is received, the application will not be considered.
- 4. PLEASE include a picture of yourself. (This will not be returned)
- 5. Provide a transcript from your high school or college.
- 6. Provide the complete application package NO LATER THAN May 3, 2024:
 - Cover Letter to Youth Scholarship Committee
 - Completed Application
 - Letter of Recommendation from Masonic Youth Advisor in a sealed envelope
 - Picture of applicant
 - Transcript from high school or college
- Mail the completed application package to:
 Jennifer Neider, OES Youth Scholarship Chairman 3975 Orchard Ln.
 Grove City, OH 43123

If there are any questions, feel free to email them to <u>jenniferneider@yahoo.com</u> or by phone at (614) 483-8082.

Please completely read and follow the instructions on this application. All documentation needs to be US Postal mailed to chairman. No email applications, please.

2024 Grand Chapter of Ohio, Order of the Eastern Star Worthy Grand Matron's Outstanding Youth Scholarship Award Application This application form must be filled out completely and legibly

All required information MUST be RECEIVED no later than May 3, 2024.

Personal Information

Name:		Birth date:	Age:		
Mailing addre	ess:		_		
City/State:		Zip:			
Phone:	Email:				
	Masonic Youth Membership I	nformatio n			
Assembly:		City:			
Initiation date:	Date of Majority:	OES Di	strict #		
Bethel:		City:			
Initiation date:	Date of Majority:	OES Dis	strict #		
Chapter.		City.			
Initiation date:	Date of Majority:	OES Dis	strict #		
	Masonic Youth Organization Ir	nformation			
	Information below should be from the date of ye	our initiation to the	oresent.		
	Offices held in each youth org				
Assembly:	, ,	,			
-					
.					
Bethel:					
Chapter					
•					
	State/Grand appointments receiv	ed, with year			
Assembly:	• •	· •			
Bethel:					
Chanta:					
Chapter:					

Please completely read and follow the instructions on this application.

All documentation needs to be US Postal mailed to chairman. No email applications, please.

Page 2 Name					
Masonic youth organization recognitions and awards (list all): Assembly:					
Bethel:					
Chapter:					
Community Activities					
Provide only last two years details on church, community, school activities and employment history.					
Church Membership and activities:					
Community memberships:					
Community service/activities:					
High School attending/attended: (provide transcript)					
Graduation date: GPA:					
School activities/offices held/awards:					
College activities/groups/teams/clubs/service:					
Employment history:					

Please completely read and follow the instructions on this application.

All documentation needs to be US Postal mailed to chairman. No email applications, please.

Page 3	Name		
College/University/Technical school you will atter	nd 2024-2025: (provide	e transcript)	
Name:	City/Sta	ite:	
Fall 2024 you will be a college: Freshman	Sophomore Jun	ior Senior	_ GPA:
Major:			
Have you received this scholarship previously? Y Have you received other scholarships previously			
Do you plan to attend your youth state conference	ee? Grand Assembly _	Grand Session _	Conclave
Signature of applicant:	nihly – first middle and	d lost name	