

The Rebekah Assembly of Massachusetts
**INDEPENDENT ORDER OF ODD FELLOWS
 MEMORIAL SCHOLARSHIP APPLICATION**

NAME _____ TELEPHONE _____
 ADDRESS _____ CITY/TOWN _____
 HIGH SCHOOL _____ YEAR OF GRADUATION _____
 COLLEGES APPLIED TO _____
 COLLEGES ACCEPTED TO _____
 CAREER OPTION _____

FAMILY PROFILE	
PARENT/GUARDIAN _____	ADDRESS _____
FATHER'S EMPLOYER _____	INCOME _____
MOTHER'S EMPLOYER _____	INCOME _____
TOTAL NUMBER OF PERSONS DEPENDENT ON PARENTS _____ (PLEASE LIST NAMES & AGES)	
_____	_____
_____	_____
_____	_____

THE FOLLOWING INFORMATION APPLIES TO HIGH SCHOOL YEARS ONLY

DO YOU HAVE PAID JOB? [] YES [] NO WHAT? _____
LIST ANY VOLUNTEER WORK. (CHURCH, COMMUNITY, HOSPITAL, ETC) _____

SCHOOL ACTIVITIES. (SPORTS, CLUBS, GROUPS, OFFICES, ETC) _____

LIST ANY SCHOOL AWARDS, SCHOLARSHIPS OR HONORS _____

LIST ANY OUTSIDE OF SCHOOL AWARDS (SCOUTING, D.A.R., RECOGNITION ETC) _____

OPTIONAL

FAMILY AFFILIATION WITH THE REBEKAHS OR ODD FELLOWS? [] NO [] YES - WHO? _____
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IMPORTANT ALL OF THE FOLLOWING INFORMATION MUST ACCOMPANY THIS APPLICATION.

- 1) STATEMENT OF NEEDS OF A SCHOLARSHIP (INCLUDE FAMILY CIRCUMSTANCES)
- 2) ONE (1) ADULT PERSONAL LETTER OF REFERENCE FROM OUTSIDE OF SCHOOL
- 3) TWO (2) EDUCATIONAL LETTERS OF REFERENCE
- 4) ACADEMIC/SCHOLASTIC RECORD FROM HIGH SCHOOL
- 5) PERSONAL STATEMENT EXPLAINING YOUR GOALS, FINANCIAL STATUS, MEMBERS OF YOUR FAMILY, ETC.

RETURN APPLICATION TO:

_____ Linda Bayard _____
 _____ P.O. Box 3042 _____
 _____ Nantucket, MA 02584 _____

SIGNATURE OF APPLICANT _____

SIGNATURE OF PARENT/GUARDIAN: (APPLICATION NOT CONSIDERED WITHOUT PARENTAL SIGNATURE)

ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN MARCH 15, 2012

THIS APPLICATION MAY BE USED BY OTHER UNITS OF THE ORDER FOR THE PURPOSE OF AWARDDING SCHOLARSHIPS