

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? _____

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:

Wendy Baker PPRA
18 Wedgewood Dr.
Chelmsford, MA 01824

SIGNATURE OF APPLICANT _____

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

ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN MARCH 15, 2020

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