## Amaranth Grand Chapter, Inc.

Order of Eastern Star

For The State Of Ohio ~ Prince Hall Affiliation

Grand Chairperson Scholarship Committee Mrs. Barbara A. King

4579 Powell Road

Huber Heights, Ohio 45424 (937) 477-8879

March 1, 2018

TO: The Worthy Matron, Worthy Patron, Officers and Members of each subordinate chapter of Amaranth Grand Chapter

Amaranth Grand Chapter will make scholarship awards to deserving students during our Annual Session in August.

Enclosed with this correspondence is the following pertinent information:

Letter to the Local Chairperson Letter of Request for Transcript Letter to the Applicant Chapter Recommendation

Scholarship Application Form Checklist Letters of Recommendation (2)

The Worthy Matron and Local Scholarship Chairperson are responsible for verifying that all requirements are met. One (1) completed application with the Seal of the Chapter, recommendation from the Chapter, and all other attachments must be received by this office, at the above address, no later than June 30, 2018. Only one candidate will be considered from each Chapter due to the funds available. Applicants that are late or incomplete will not be considered. It is extremely important that you check everything very carefully, with particular attention being given to the essay. The Grand Scholarship Committee sincerely appreciates your cooperation in providing assistance to deserving students in our various communities.

Fraternally,

Barbara A. King

Grand Chairperson

Barbara A. King #95

Grand Chairperson

Amaranth Grand Chapter, Inc.

Order of Eastern Star

For The State Of Ohio ~ Prince Hall Affiliation

Grand Chairperson Scholarship Committee Mrs. Barbara A. King

4579 Powell Road

Huber Heights, Ohio 45424

(937) 477-8879

TO: The Applicant

Greetings,

Amaranth Grand Chapter, Order of Eastern Star, Prince Hall Affiliation, for the State of Ohio and Its Jurisdiction is pleased to offer scholarship awards for 2018 to selected students who have achieved academic excellence, and who are in need of financial assistance. You are eligible to apply if you will complete high school by July 2018 if you are currently enrolled in a four-year college/university, a community college, or a technical/trade school; and if you have a need for financial assistance.

Applicants, who are ultimately selected to receive assistance, will be selected based on the following criteria:

* Girls Assembly/Pythagorean Participation - Community Service
* Financial Need - Personal Essay
* Academic Performance - Extenuating Circumstances
* Recommendations

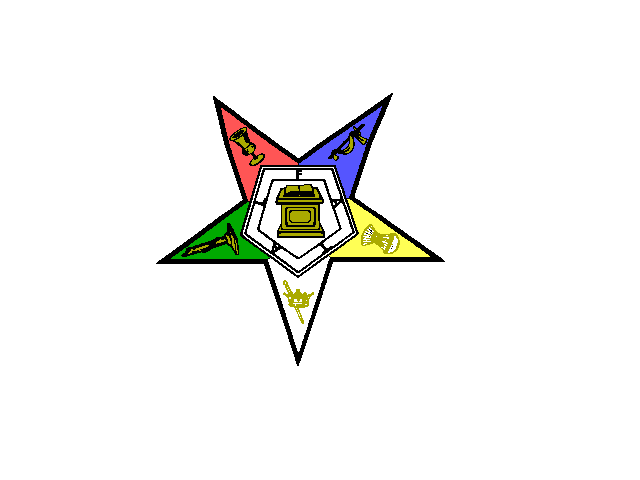
Please read carefully the materials given to you by the local Eastern Star Scholarship Chairperson. She will answer any questions you may have and assist you in completing the application forms, if necessary. We wish you success in your future endeavors.

Sincerely,

Barbara A. King

Barbara A. King

Grand Chairperson



Attach

Photo

Here

Attach Photo . Here

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Amaranth Grand Chapter, Inc.

ORDER OF THE EASTERN STAR, PHA

For the State of Ohio and Its Jurisdiction

SCHOLARSHIP APPLICATION FORM

(Please type all information)

Sponsoring Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Girls Assembly/Pythagorean Member (please check): **

### APPICATION DATA:

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Telephone No: Home (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### FAMILY AND INCOME DATA

Guardian's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Mother's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Father's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Dependent Children: ****Yes ****No If Yes, How many?: \_\_\_\_\_\_\_\_\_

Number of Persons in Family: \_\_\_\_\_\_\_\_\_ Number of Persons in College: \_\_\_\_\_\_\_\_\_

Total Family Income (Annually): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Students: Application Form is adobe fillable, and can be completed online prior to printing and mailing.

### HIGH SCHOOL/COLLEGE DATA

Name of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Your High School Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been accepted to a College/University: ****Yes ****No

Date Classes Begin: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

IF YOU ARE PRESENTLY IN COLLEGE, COMPLETED THE FOLLOWING

College/University Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name City State Zip Code

Date you were first enrolled there: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Your Class Year: ****Freshman ****Sophomore ****Junior ****Senior

Your Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accumulative Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL AID DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| Financial Need | Cost | Your Family’s  Contribution | Financial Aid Received  & Sources |
| Tuition Cost | $ | $ | $ |
| Room & Board | $ | $ | $ |
| Books & Fees | $ | $ | $ |
| Transportation | $ | $ | $ |

**SUPPORTING DOCUMENTATION:** (Please enclose the following items with this application)

1. Your 2017-2018 Federal Student Aid Report (SAR) or a copy of your parent’(s) 1040, 1040A, or 1040EZ.
2. Official High School Transcript or College/University Transcript (Original Copy with the Seal).
3. Applicant’s Photo
4. Letters of Recommendation from: High School Counselor/ College Advisor/ Mother or Pythagorean Advisor/ Eastern Star Chapter Scholarship Chairperson.
5. Applicant’s Typewritten statement of not less than 100 words stating your reasons for you wanting to attend college or why you want to continue college.

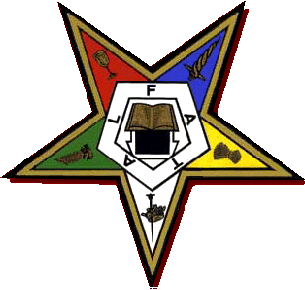
\*Students: Application Form is adobe fillable, and can be completed online prior to printing and mailing.

**APPLICANT'S STATEMENT:**

Use the space provided below to submit a typed written statement that includes your aims, goals and objectives. Tell us why you wish to attend or why you wish to continue in college. Include information about your extra-curricular activities, including community involvement (explain), memberships in organizations, and any honors that you may have received. Statement must be at least 100 words in length. Additional sheets may be used, if needed.

If selected as a scholarship recipient, does Amaranth Grand Chapter have permission to use your photo on our official website? Yes No

\*Students: Application Form is adobe fillable, and can be completed online prior to printing and mailing.



Amaranth Grand Chapter, Inc.

*Order of the Eastern Star P.H.A, State of Ohio and Its Jurisdiction*

*Grand Chairperson Scholarship Committee Mrs. Barbara A. King*

*4579 Powell Road Huber Heights, Ohio 45424*

*(937)477-8879*

March 1, 2018

TO: The Local Scholarship Chairperson Greetings,

The Grand Scholarship Committee sincerely thanks you for agreeing to serve as the Local Chairperson for the Scholarship Awards Program for 2017-2018.

Enclosed you will find the required forms for the application process. You will need to insert the name of the applicant, as well as the return date for the *Letters of Recommendation and Request for Transcript* form. Feel free to duplicate forms where necessary. The Recommendation from your Chapter should reflect the reasons for selection of the particular applicant. All information shared with us will be held in strict confidence.

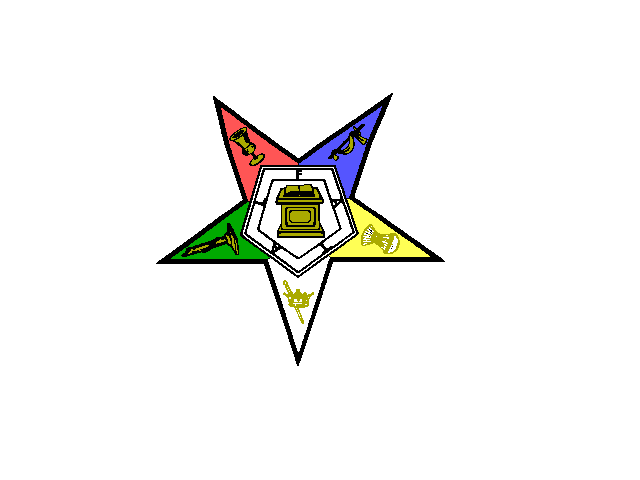
Before forwarding the complete application materials to me, please check very carefully to insure that all items on the *Checklist* are included. Please establish your Chapter’s deadline for the return of the application materials, so it will allow you time to assist the applicant with items that may be incomplete or missing. Return the completed packet of materials to me at the above address by 2017-2018.

Fraternally,

Barbara A King

Barbara A King

Grand Chairperson Enclosures



Amaranth Grand Chapter, Inc.

ORDER OF THE EASTERN STAR, PHA

For the State of Ohio and Its Jurisdiction

**LOCAL CHAPTER RECOMMENDATION**

Sponsoring Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please share with this Committee any information which you feel will assist us in our review and assessment of this applicant.

All information shared with this Committee will remain confidential. It is not required to use this form, however you must include both the name of the applicant and the Sponsoring Chapter on your recommendation. Please limit your recommendation to two pages or less.

1. How was the candidate selected? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

1. Are there any extenuating circumstances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

1. Other Pertinent Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Please Send to:

Grand Chairperson of Scholarship

Barbara A. King

4579 Powell Rd.

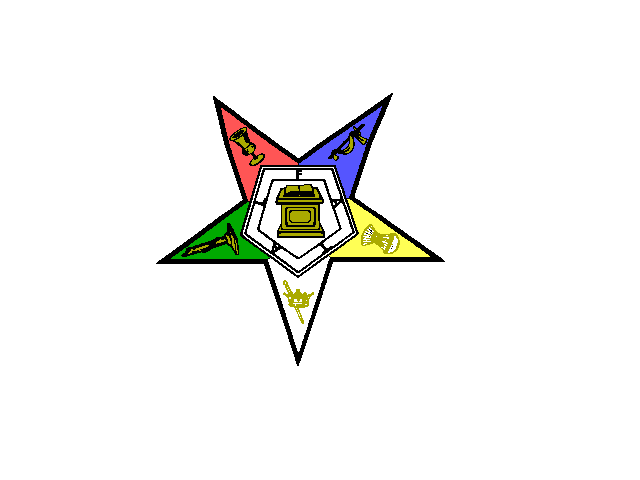
Huber Heights, Ohio 45424

The Local Eastern. Star Chapter Chairperson:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip Code



Amaranth Grand Chapter, Inc.

ORDER OF THE EASTERN STAR, PHA

For the State of Ohio and Its Jurisdiction

**SCHOLARSHIP COMMITTEE**

Request for Confidential Information: Recommendation ****Counselor/Advisor/Principal

****Minister/Community

Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student

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

School/College/Church

I am in the process of completing an application for the Amaranth Grand Chapter, Order of Eastern Stars, Prince Hall Affiliation, State of Ohio Scholarship Committee for a financial assistance award. I am requesting that you please send to them your evaluation of my personal characteristics, talents, interaction with others and any other pertinent information, which would be helpful to them evaluation my application. The deadline for receipt of reference is June 30, 2018.

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

Signature of Student

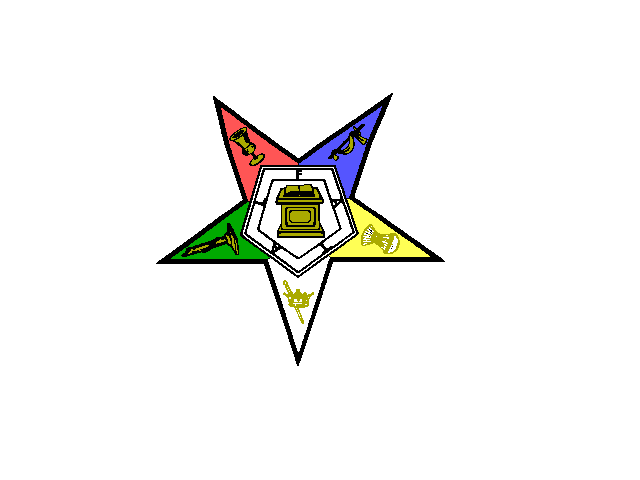
Please send to:

Grand Chairperson of Scholarship:

Mrs. Barbara A. King

4579 Powell Rd.

Huber Heights, Ohio 45424



Amaranth Grand Chapter, Inc.

ORDER OF THE EASTERN STAR, PHA

For the State of Ohio and Its Jurisdiction

**SCHOLARSHIP COMMITTEE**

Request for Confidential Information: Transcript

Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student

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

Class Rank

I am in the process of completing an application for the Amaranth Grand Chapter, Order of Eastern Stars, Prince Hall Affiliation, State of Ohio Scholarship Committee for a financial assistance award. I am requesting that you please send to them an official copy of my transcript. My SAT or ACT test scores must be included. The deadline for receipt of reference is June 30, 2018.

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

Signature of Student

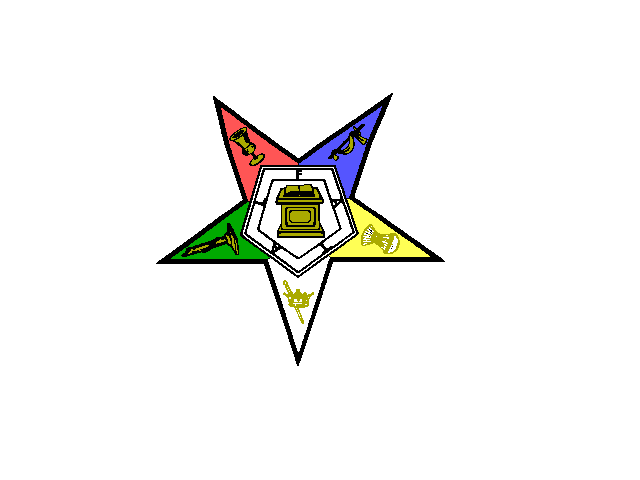
Please send to:

Grand Chairperson of Scholarship:

Mrs. Barbara A. King

4579 Powell Rd.

Huber Heights, Ohio 45424



Amaranth Grand Chapter, Inc.

ORDER OF THE EASTERN STAR, PHA

For the State of Ohio and Its Jurisdiction

**SCHOLARSHIP APPLICATION CHECKLIST**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include this form when you return the completed application. All materials must be returned no later than June 30, 2018.

|  |  |
| --- | --- |
| Attach the Required Documentation | |
|  |  |
|  | Scholarship Application Form |
|  | Applicant’s Photograph |
|  | Applicant’s Statement (Essay) |
|  | Official Transcript with the School Seal |
|  | Counselor/Advisor – (2) Letters of Recommendation |
|  | Sponsoring Chapter’s or Mother/Pythagorean Advisor’s Letter of Recommendation |
|  | SAR Copy or a Copy of the 1040, 1040A, or 1040EZ |

Place the

Chapter Seal

Here

Return these forms to The Local Eastern Star Chapter Chairperson:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip Code

Signature of Local Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Worthy Matron: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_