

2017 APPLICATION FOR CONTINUING EDUCATION GRANT
Grand Chapter, Order of the Eastern Star of Utah
Applicant must be resident of the state of Utah

NAME: _____ SSN: _____

PERMANENT HOME ADDRESS: _____
_____ PHONE: _____

ADDRESS WHILE ATTENDING EDUCATIONAL FACILITY: _____
_____ PHONE: _____

Educational Institution Where You Will Use This Scholarship, if awarded: _____

Admissions Office Address: _____ Phone: _____

High School Graduated From: _____ Year: _____

How long have you been a resident of Utah: _____

List any College/University you have attended, including present : _____

Proposed classes and approximate cost of each: _____

Do you plan to attend full-time or part time? Full Time _____ Part Time _____
Fall Semester _____ Spring Semester _____ Summer Semester _____

Give a short statement of your goals:

Spouse: _____ Address: _____

Eastern Star Chapter: _____

AUTHORIZATION: I certify that, to the best of my knowledge, the information contained on this statement is current and complete.

APPLICANT: _____ DATE: _____

This application must be legible (typed if possible) and postmarked by July 1, 2017. It must be accompanied by a current official transcript of credits and the proper current letters of recommendation, or it will not be accepted.

SEND TO: Karen B Pullman, Grand Secretary
Grand Chapter, OES of Utah
1651 S 2095 W
Woods Cross, UT 84087
801-209-6697

THIS APPLICATION SUPERSEDES ALL OTHER APPLICATION PRIOR TO 2017