

**2017 APPLICATION FOR GRADUATE SCHOLARSHIP**  
**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: \_\_\_\_\_

How long have you been a resident of Utah: \_\_\_\_\_

College/University Graduated From: \_\_\_\_\_ Year: \_\_\_\_\_

College Major: \_\_\_\_\_ Career Objective: \_\_\_\_\_

List any College/University you have attended, including present (enclose current *official* transcript of credits):

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

Please list current scholarships and work-place educational assistance you may be receiving and amount of each: \_\_\_\_\_

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

Masonic or Eastern Star Relationship of Applicant: \_\_\_\_\_

Please attach a short statement of your career goals in 100 words or less.

List contributions made to Job's Daughters, DeMolay, Masonry, Eastern Star, School and Civic activities.

Please submit three **current** letters of recommendation, *one from a Mason or member of the Order of the Eastern Star*; please have the Mason or Eastern Star member include the Lodge and/or Eastern Star Chapter and its location. *The other two should be from a school official (i.e., Principal, Professor, Teacher, Counselor) or Employer. Letters may not be from family members.* In summary you need to submit *three letters of recommendation: one Masonic, two educational or professional, and none from family members.* **Failure to follow these instructions will result in rejection of your application.** Applicants must be accepted for admission or be currently enrolled before payment of scholarship is made. Scholarships are valid for one year only.

***Applicants can only receive one (1) Graduate Scholarship.***

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**