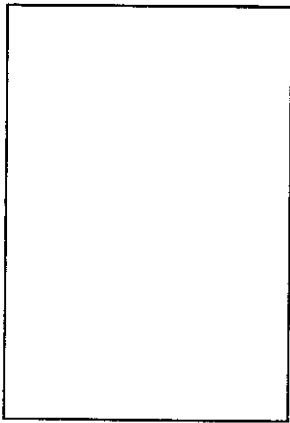


Application Check List

**RUTH CEARLEY MEMORIAL SCHOLARSHIP**

- \_\_\_\_\_ 1. You must be a senior in High School or enrolled in a college to apply.
- \_\_\_\_\_ 2. A recommendation from your Adult Leader must accompany this application.
- \_\_\_\_\_ 3. Two written recommendations from Adults who you have known for three (3) years.
- \_\_\_\_\_ 4. Three billfold size recent photos of yourself from the same negative.
- \_\_\_\_\_ 5. Completed application, student budget form and all attachments must be completed and in the Grand Chapter office by June.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_



**RUTH CEARLEY MEMORIAL SCHOLARSHIP**

**DeMolay -- Job's Daughters -- Rainbow Girls**

**2008-2009      2009-2010      2010 - 2011**

**APPLICATION FOR AN EASTERN STAR SCHOLARSHIP FOR YOUTH**

Eligibility: Any High School senior or college student who will be attending a four (4) year accredited college as a full time student. **Application must returned be by June 15.**

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

Last

First

Middle

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

Street

City

Zip

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Youth Group of which you are a member: \_\_\_\_\_

Are you a Mason or Eastern Star member? \_\_\_\_\_ Where? \_\_\_\_\_

If not, do you plan to join? \_\_\_\_\_ If so, where: \_\_\_\_\_

**FAMILY HISTORY**

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

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

List your Brothers and Sisters and their ages: \_\_\_\_\_

Are you a member of OES/Masonic Lodge? \_\_\_\_\_ Where \_\_\_\_\_

Family OES/Masonic affiliation? \_\_\_\_\_

What is your family's approximate annual income? \_\_\_\_\_

(Adjusted Gross Income of Both Parents)

Do you work part time? \_\_\_\_\_ Where? \_\_\_\_\_

**SCHOOL HISTORY**

Present year in School: \_\_\_\_\_

School Activities in which you have participated: \_\_\_\_\_

Future plans after High School Graduation: \_\_\_\_\_

**YOUTH GROUP INFORMATION**

My age when joining Youth Group: \_\_\_\_\_ How many years have you actively participated in this Youth Group: \_\_\_\_\_

List all offices you have held and activities in which you have participated in the Youth Group: \_\_\_\_\_

Return To: Grand Chapter of Kansas Order of the Eastern Star  
% Scholarship Committee Executive Secretary  
3400 SW Van Buren  
Topeka, KS 66611-2462

## **STUDENT'S BUDGET FORM**

Applicant's Name \_\_\_\_\_ Single  Married

Are you employed? Yes  No  Type of employment \_\_\_\_\_  
 Full time  Part time  (On Campus: Yes  No

While taking classes, will you live:  
 On Campus  (Residence Hall  Or Greek House  ) / Off Campus  / Commute

Do you own a car? Yes  No  Amount Owed \$ \_\_\_\_\_ Amount of Payment \$ \_\_\_\_\_  
 Make/Model \_\_\_\_\_ Year \_\_\_\_\_

Do you own Credit Cards? Yes  No  Name \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_

Total value of Saving, Investments or Personal Property owned by you (spouse, if married) \$ \_\_\_\_\_

Your Annual Income \$ \_\_\_\_\_ Parents or Custodial Parent Income \$ \_\_\_\_\_

**IF SINGLE:**

Father's Full Name \_\_\_\_\_ Mother's Full Name \_\_\_\_\_

Number of Siblings \_\_\_\_\_ Ages \_\_\_\_\_

**IF MARRIED:**

Spouse's Full Name \_\_\_\_\_ Children \_\_\_\_\_ Ages \_\_\_\_\_

Is spouse is employed? Yes  No  Occupation \_\_\_\_\_

Full Time  Part Time  Family Annual Income \$ \_\_\_\_\_

**The following is: An Estimated Budget for the period: 08/01/\_\_\_\_\_ to 08/01/\_\_\_\_\_.**

**Expenses (Fall & Spring)**

Tuition/Fees \$ \_\_\_\_\_  
 Books/Supplies \_\_\_\_\_  
 Rent/Housing \_\_\_\_\_  
 Food \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Laundry/Dry Cleaning \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Phone/Cable/Internet \_\_\_\_\_  
 Transportation/Gas \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Recreation \_\_\_\_\_  
 Others (Specify) \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**Student Income toward expenses as listed**

Amount of Aid from Parents \$ \_\_\_\_\_  
 Amount of Aid from Spouse \_\_\_\_\_  
 Amount of Your Earnings \_\_\_\_\_  
 Veterans Benefits \_\_\_\_\_  
 Savings \_\_\_\_\_  
 Scholarships/Grants \_\_\_\_\_  
 Student Loans \_\_\_\_\_  
 Others (Specify) \_\_\_\_\_

**TOTAL** \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant