

# DOROTHY M. DEWING SCHOLARSHIP ENDOWMENT COMMITTEE



## GRAND CHAPTER OF OREGON Order of the Eastern Star

Application Form

### RULES REGARDING SCHOLARSHIPS

1. Scholarships are available to students who are members or children, grandchildren or great-grandchildren of members of an Oregon Eastern Star Chapter, and are attending an institution of higher education in Oregon.
2. Scholarships are awarded at the end of the junior year to worthy students in need of financial assistance for the senior year. Such scholarships will be awarded only to students who have made a satisfactory record in previous schoolwork.
3. To secure a scholarship, the supplication must be recommended by the Dean of Women or Men, Faculty Advisor, or Financial Aid Officer of the institution, which the applicant is attending.
4. Scholarship applications must also include a recommendation by the Worthy Matron, Worthy Patron or Secretary of the Eastern Star Chapter to which the applicant or family member belongs.

**Please return the completed application by April 15, 2019 to:**

**Phyllis Newcombe, Chair.**

**Dorothy M. Dewing Scholarship Endowment Committee**

**17971 SE River Road, #106**

**Milwaukie, OR 97267**

**503-997-2566**

### **Questions?**

Contact Phyllis Newcombe at 503-997-2566 or [phyllisN1011@gmail.com](mailto:phyllisN1011@gmail.com)

*\*when e-mailing, please put in subject line: Dorothy M. Dewing Scholarship*

**GRAND CHAPTER OF OREGON Order of the Eastern Star**

**Dorothy M. Dewing Scholarship Endowment Application**

I \_\_\_\_\_ hereby make application for a scholarship to assist me in pursuing my senior year of studies at \_\_\_\_\_ for the \_\_\_\_\_ scholastic year.

Name of College or University \_\_\_\_\_

1. Address of Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

2. Address of Student \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

3. Student's Phone # \_\_\_\_\_

4. Place of Birth: \_\_\_\_\_

5. Married or Single: \_\_\_\_\_

6. Father's Name: \_\_\_\_\_

7. Mother's Name: \_\_\_\_\_

8. S.S.N. or Student ID# \_\_\_\_\_

9. Date of Birth \_\_\_\_\_

10. Oregon Eastern Star Chapter to Which You Belong: \_\_\_\_\_

11. If you are basing your application on the membership of a relative, state their:

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

EasternStarChapter \_\_\_\_\_

12. Do you, or did you belong to Job's Daughters, Rainbow or DeMolay? \_\_\_\_\_

If so, which Bethel, Assembly, Chapter? \_\_\_\_\_

13. Are your parents aware of your application for this scholarship and approve? \_\_\_\_\_

14. Have you applied for a Leslie S. Parker Memorial Scholarship? \_\_\_\_\_

15. Have you indebtedness \_\_\_\_\_ 16. If so, state nature and amount on reverse side of this sheet
17. What was the average of your monthly expenses last term? \_\_\_\_\_
18. Are you employed? \_\_\_\_\_
19. What other resource do you have (Scholarships, Grants, etc.), and amounts?  
\_\_\_\_\_
20. What is your major field of study? \_\_\_\_\_
21. **Attach an Official Transcript of Your Scholastic Standing from your freshman, sophomore and junior years.**

Dorothy M. Dewing Scholarship Endowment Application

\_\_\_\_\_ *Signature of Applicant*    *Date* \_\_\_\_\_



## GRAND CHAPTER OF OREGON

Order of the Eastern Star

Dorothy M. Dewing Scholarship Endowment Committee

College Reference for Scholarship Application

To: Dorothy M. Dewing Scholarship Endowment Committee

Grand Chapter of Oregon

Order of the Eastern Star

On the application of \_\_\_\_\_

To complete her/his education in \_\_\_\_\_ *College or University*

It is of great importance that this scholarship fund be made available to students who are most worthy. To this end, please furnish the following information which will be considered confidential. Consider the following points when assessing the student's performance:

- Studious
- Ambitious
- Energetic
- Conscientious Citizen

I recommend that this applicant be awarded a scholarship.

\_\_\_\_\_  
*Signature Title*

\_\_\_\_\_  
*Dean, Faculty Advisor or Financial Aid Officer*

# **DOROTHY M. DEWING SCHOLARSHIP ENDOWMENT**

## **Application Check List**

Please be sure to return **ALL** required portions of this Scholarship Application **at the same time**, to ensure consideration for this Scholarship. To assist you in completing this application, please use the following check list to make sure all requirements have been completed and returned.

- Scholarship Application
- Letter of Recommendation from Dean, Faculty Advisor, or Financial Aid Officer
- Official Transcript of Scholastic Standing (please include official transcripts from freshman, sophomore and junior years)
- Letter of Sponsorship from the Worthy Matron, Worthy Patron or Secretary of the Sponsoring Eastern Star Chapter.

Remember, the completed scholarship application **MUST**  
be received by **April 15, 2019**.

**If you have any further questions, please contact:**

**Phyllis Newcombe ,Chair  
Dorothy M. Dewing Scholarship Endowment Committee  
17971 SE River Road, #106  
Milwaukie, OR 97267  
503-997-2566 or phyllisN1011@Gmail.com**

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