

**CHECKLIST FOR LESLIE S. PARKER**  
**SCHOLARSHIP APPLICATION**

- Fill out Application Form in its entirety. If a section does not apply, please so state.
- Sign your application form.
- Include a personal letter with your application form.
- Attach a copy of your full academic record, including the last term or semester you were enrolled. The academic record does not need to be certified.
- Arrange for two letters of recommendation, using the College Reference Forms, from a faculty member, administrative staff member, club adviser, or counselor of the institution you are currently attending or have attended. Form to be sent directly to the Chairman of the Leslie S. Parker Memorial Scholarship Committee at the address listed on the College Reference Form *by the person who is submitting the reference*.
- Applicant is to mail the Application Form, personal letter and academic record to the address below. Application packet and reference forms from advisors must be received no later than April 14, 2019 in order to be considered for a scholarship award.

Nancy Coddington, Chairperson  
LSP Memorial Scholarship Committee  
3493 Centennial Dr. NW  
Salem, OR 97304

Contact: [nancyceeohdee@gmail.com](mailto:nancyceeohdee@gmail.com)

**LESLIE S. PARKER MEMORIAL SCHOLARSHIP COMMITTEE  
COLLEGE REFERENCE FOR SCHOLARSHIP AWARD**

To the Leslie S. Parker Memorial Scholarship Committee of the Grand Chapter of Oregon, Order of the Eastern Star:

On the application of \_\_\_\_\_ for a scholarship to continue her education at \_\_\_\_\_ I submit the following information, which will be considered confidential:

**GENERAL IMPRESSIONS OF APPLICANT'S PERSONAL QUALITIES & ABILITIES**

1. Character and citizenship:
  
  
  
  
  
  
  
  
  
  
2. Current performance:
  
  
  
  
  
  
  
  
  
  
3. Academic and professional promise:

From your general impressions of the applicant, how would you recommend her for financial assistance?

Without any reservation \_\_\_\_\_ With some reservation \_\_\_\_\_  
Please explain your response:

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Signature and Credential of Reference Provider \_\_\_\_\_ Date \_\_\_\_\_

**Must be returned by April 14, 2019 to**

Nancy Coddington, Chair  
Leslie S. Parker Scholarship Selection Committee  
3493 Centennial Dr. NW  
Salem, OR 97304

Contact: [nancyceeohdee@gmail.com](mailto:nancyceeohdee@gmail.com)



Grand Chapter of Oregon  
Order of the Eastern Star

**LESLIE S. PARKER MEMORIAL SCHOLARSHIP**  
**RULES and REGULATIONS FOR SCHOLARSHIP AWARDS**

Each submitted application will be evaluated as Met/Not Met using the following criteria:

A. Eligibility

1. Applicant is a female student planning to attend an accredited non-sectarian college or university in the State of Oregon.
2. Applicant must be an Oregon resident.
3. Applicant has completed at least two years of satisfactory college work and/or is enrolling in graduate programs of study.
4. Applicant must be in good academic standing; and
5. Applicant demonstrates financial need.

B. Application Packet

1. A complete application packet includes, at minimum, the following:
  - a. Completed and signed Scholarship Application form
  - b. A personal letter
  - c. A copy of the Academic Transcript, including the most recent quarter or semester grades. The Academic Transcript need not be certified.
  - d. A minimum of **TWO** recommendations completed by any of the following administrators or professors familiar with her:
    - i. Dean of School
    - ii. Professor of student's major department
    - iii. Dean of Students
    - iv. Student's advisor (from the last institution attended in case of transfer for graduate studies)
    - v. Faculty member
    - vi. Administrative staff member
    - vii. Club advisor
    - viii. Counselor
2. The application packet must be received by the published deadline.

- The Leslie S. Parker (LSP) Memorial Scholarship Committee reviews applications on a continuing basis. If an application is received prior to the deadline and the packet is determined to be incomplete, the LSP Memorial Scholarship Committee will make an effort to contact the applicant to cure the deficiency.
- Following the close of the application period, the Committee prepares a list of all the applicants who submitted a complete application packet by the deadline and met all the eligibility requirements. This list is ratified by the LSP Memorial Scholarship Committee as the presumed scholarship recipients for the year and submitted to the Finance Committee and WGM.(CBL 135(1,2))
- Awards are made in the form of a certificate presented to the student. A check in the amount of the award will be sent to the school for appropriate distribution.
- If a recipient of an award fails to enroll or leaves the school of her choice before completing the period for which the award is granted, the full amount or unused portion of the money shall be returned to the Leslie S. Parker Memorial Scholarship Fund of the Grand Chapter of Oregon, Order of the Eastern Star.
- It is the intention of the LSP Memorial Scholarship Committee to distribute the funds available equally among the recipients.
- All applications, together with the personal letter, full academic record and the required recommendations must be received by the Chairperson of the Leslie S. Parker Memorial Scholarship Committee **not later than April 14, 2019**.



GRAND CHAPTER OF OREGON, ORDER OF THE EASTERN STAR

Leslie S. Parker Memorial Scholarship  
APPLICATION FORM 2018-2019

**(Must be returned to the Committee Chairperson by April 14, 2019)**

1. Name (in full) \_\_\_\_\_  
Last First Middle
2. Place and date of birth \_\_\_\_\_
3. Address to which notification of Committee action should be mailed:  
\_\_\_\_\_  
Street address City State Zip  
Phone ( ) \_\_\_\_\_ - \_\_\_\_\_
4. If single:  
Unmet financial aid according to FAFSA taking into account parental/guardian contributions \_\_\_\_\_
5. If married/domestic partnership:  
Partner's name \_\_\_\_\_  
Occupation \_\_\_\_\_ Annual income \_\_\_\_\_
6. Major field of study \_\_\_\_\_ Degree \_\_\_\_\_
7. Name of institution you plan to attend \_\_\_\_\_
8. How many semesters \_\_\_\_\_ quarters \_\_\_\_\_
9. Status as of September, 2019: Junior \_\_\_ Senior \_\_\_ Graduate School \_\_\_  
Estimate time after this school year, if enrolled, to complete your degree \_\_\_\_\_
10. List major extracurricular offices and activities:

11. Identify all scholarships and grants expected in the coming year. List aid from outside sources exclusive of parental support that you will receive during your college attendance, including dates and amounts. Indicate those that you have been granted or for which you've applied

12. Indicate to what extent you work in order to defray your expenses (nature of employment, hours per week, amount earned, seasonal).

13. Have you any debt? If so, state nature and amount.

14. Annual Budget for College Year

<b>Your Expenses</b>	<b>Your Resources</b>
Tuition _____	From Parents _____
Books _____	Your Earnings _____
Board/Room _____	Domestic Partner's Earnings _____
Supplies _____	Savings _____
Medial Care _____	Loans _____
Other Costs _____	Other Sources _____

TOTAL \_\_\_\_\_

TOTAL REQUEST \_\_\_\_\_

**Signature of Applicant and Date**

\_\_\_\_\_