**LESLIE S. PARKER MEMORIAL SCHOLARSHIPS**

RULES and REGULATIONS FOR SCHOLARSHIP AWARDS

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

1. Eligibility
2. Applicant is a female student planning to attend an accredited non-sectarian college or university in the State of Oregon.
3. Applicant must be an Oregon resident.
4. Applicant has completed at least two years of satisfactory college work and/or is enrolling in graduate programs of study.
5. Applicant must be in a good academic standing; and
6. Applicant demonstrates financial need.
7. Application Packet
8. A complete application packet includes, at minimum, the following:
9. Complete and signed Scholarship Application with Student ID
10. A personal letter
11. A copy of the Academic Transcript, including the most recent quarter or semester grades. The Academic Transcript need not be certified.
12. 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

1. The application packet must be received by the published deadline.

* The Leslie S. Parker (LSP) Memorial Scholarship Committee reviews applications on a continued 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 compete 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 given in the form of a certificate presented to the student. A check for 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 recommendation must be received by the Chairperson of the Leslie S. Parker Memorial Scholarship Committee **NOT LATER THAN APRIL 15, 2024.**

**Please mail to:**

Pat Stapleton, Chair of Leslie S. Parker

2310 NW 8th Court

Gresham, OR 97030

Questions: cameraguy3410@msn.com



GRAND CHAPTER OF OREGON, ORDER OF THE EASTERN STAR

Leslie S. Parker Memorial Scholarship

APPLICATION FORM 2023-2024

**(Must be returned to the Committee Chairperson by April 15, 2024)**

1. Name (in full)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

1. Place and date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address to which notification of Committee action should be mailed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address City State Zip

Phone ( ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student ID#**\_\_\_\_\_\_

1. If single:

Unmet financial aid according to FAFSA taking into account parental/guardian contributions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If married/domestic partnership:

Partner’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Income \_\_\_\_\_\_\_\_\_\_

1. Major field of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name If institution you plan to attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How many Semesters \_\_\_\_\_\_\_\_ Quarters \_\_\_\_\_\_\_\_\_\_\_\_\_
4. Status as of September 2024: Junior\_\_\_\_\_ Senior \_\_\_\_\_ Graduate School \_\_\_\_\_

Estimate time after this school year, if enrolled, to complete your degree \_\_\_\_

10.List major extracurricular offices and activities

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1. 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

1. Indicate to what extent you work in order to defray your expenses (nature of

employment, hours per week, amount earned, seasonal):

1. Have you any debt? If so, state nature and amount
2. Annual Budget for College Year.

**Your Expenses Your Resources**

Tuition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From Parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Books \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Earnings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board/Room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Domestic Partner’s Earnings \_\_\_\_\_\_\_\_

Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Saving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Loans \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Costs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Sources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Signature of Applicant and Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

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