

SAMPLE LETTER TO SCHOLARSHIP COMMITEE

FIRST NAME ID# CONTACT ADDRESS PHONE NUMBER

DATE

DEAR OES SCHOLARSHIP SELECTION COMMITTEE

MY NAME IS (FULL NAME) AND I AM APPLYING FOR THE ORDER OF EASTERN STAR SCHOLARSHIP

(Use this paragraph to tell the committee about yourself and why you are applying for this scholarship. Use simple, direct statements . Tell us about yourself, your family,your background and anything else that may be if interest to us,)

During my high school years I.....

(Use this paragraph to tell the reader about some of the classes your have taken and your extracurricular clubs, sports, and activities)

After I graduate from high school I plan to.....

(Use this paragraph to tell us about your plans for the future, as they apply to the scholarship. Mention the school that you have your eyes on and what you intend to study. Are you going to seek a job school go to school at the same time? Most importantly describe why you need the scholarship money, How will this scholarship help you. Have you received other scholarship funds already?)

Thank you for considering my application.

(Attach your require documents, like letter of recommendation transcripts, and any other required information to this letter or your completed application)

Sincerely

Signature

Print Name,

Queen Esther #12 Order of the Eastern Star Scholarship. Program

Letter of Recommendation: Please provide one letter from a school official,
letter can be from whomever you choose.

CERTIFICATION ALL APPLICANTS: I CERTIFY THAT ALL INFORMATION I HAVE
PROVIDED ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

- List of Eligibility Requirements (*graduating senior planning to pursue any kind of college, including trade or vocational training, starting the fall after graduation, can be part-time or full-time student.....*)

Submit completed application to the Chairman of the Scholarship Committee,

**Chairman: Jo Ellen Reynolds
701 W Quiet Place Lop
Coeur d Alene ID 83815
By April 30, 2024**

Signature _____

Date _____

SCHOLARSHIP APPLICATION

YOU MUST EITHER TYPE OR PRINT ALL OF YOUR ANSWERS NEATLY IN INK. APPLICATION RESPONSE MAY BE SENT TO REYNALDSJOELLEN@GMAIL.COM. OR MAILED TO SCHOLARSHIP QUEEN ESTHER %JO ELLEN REYNALDS 701 W QUIET PLACE LOOP, COEUR D ALENE ID 83815

NAME _____
Last First MI

Permanent mailing address _____
Number and Street

_____ City State Zip Code E-mail

Phone _____ Birth Date _____

School you are attending now _____
Name

_____ City Zip Code

Applicant must register at a college, university, vocation or trade school

School choice

2024-2025 _____
School Name

_____ City

Major Field or Study _____

Office where check is to be sent (Office, Contact Name, Street City State Zip Code)+

Academic

Honors & recognition received while attending School.

Statement of financial need (may attach additional information if needed)

Other Scholarships

Date

Amount

Community Involvement

Please describe your involvement with other extracurricular or community organizations

please list any honor recognition received.

High School GPA

Attached proof GPA Transcript

Applicant Signature

Approved

Queen Esther Chapter Seal