



# Educational Fund

GRAND CHAPTER OF MASSACHUSETTS  
ORDER OF THE EASTERN STAR



147 West Street East  
Bridgewater, MA 02333

October 1, 2017

Dear Chapter Secretary:

We would appreciate you sharing this information with your Chapter members at your meetings and through your monthly notice. Please review the enclosed material, call the awards to the attention of eligible families and members and speak briefly about the various scholarships at a Chapter meeting. We hope the following suggestions and information will be of help to you.

1. Additional Applications can be obtained by sending in the form requesting additional Applications.
2. **The certification of membership, on the Scholarship Application, which requires the signature of the Worthy Matron and Secretary and the Seal of the Chapter, MUST be completed BEFORE the applicant enters any personal information. All signed and sealed applications are given to your Chapter Representative who is the contact person.**
3. The Applications should then be **completed, in full**, by the applicant and sent to the Educational Fund Board Secretary **postmarked on or before Thursday, February 1, 2018. This is the applicant's responsibility and assures privacy to the family regarding their financial and other data on the application. Any application postmarked after February 1, 2018 will not be considered.**
4. Attachments should be mailed with the application. The exception may be the school transcript and recommendations, which some schools and individuals insist on mailing directly. This should be noted on the application if such is the case. The applicant should provide the School/Individual with the address of the Educational Fund Board Secretary for this purpose. Only Official Transcripts will be accepted.
5. **ESTARL** awards are given annually, as long as the student remains eligible and reapplies. ESTARL applications from those who are not members, or related to members, need to have a reference or endorsement from an Eastern Star member in Massachusetts.
6. **PLEASE DESTROY ANY BROCHURES OR APPLICATIONS FROM PREVIOUS YEARS THAT ARE STILL IN YOUR POSSESSION.**

**Remember: No application will be processed unless complete with a postmark no later than Thursday, February 1, 2018.**

Thank you very much for your help to the Educational Fund Board. Be assured that we are ready to assist you and any of your members.

Sincerely and Fraternaly,

Kelly J. Milne, P.M.  
Secretary  
Educational Fund Board





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## GRAND CHAPTER OF MASSACHUSETTS

### ORDER OF THE EASTERN STAR



## **EDUCATIONAL SCHOLARSHIP APPLICATION**

### **EDUCATIONAL FUND**

The Grand Chapter of Massachusetts, O.E.S. established this fund in 1943 to assist deserving students to further their education through attendance at an institution of higher learning after high school, i.e. college or vocational institute. Members of the Massachusetts Order of the Eastern Star who have attained five years of continuous membership and are in good standing in the Grand Jurisdiction are eligible for a scholarship, as well as their children, grandchildren, legally adopted stepchildren, nieces, and nephews. Applications WILL NOT BE ACCEPTED from anyone who has previously received two (2) O.E.S. Grand Chapter Scholarships. APPLICANTS MUST BE FULL-TIME STUDENTS.

**Exception to the above** - Applications from **MEMBERS** of the Order of the Eastern Star in good standing for five (5) years may be considered for scholarship assistance if the applicant is attending an accredited institution of higher learning and earning a minimum of six (6) credit hours per semester - in an approved program towards a Masters Degree, a Doctoral Degree, Medical Program (ie. Nursing) or a Certificate of Advanced Learning.

*Applicants for Master or Doctoral Programs MUST submit proof of acceptance from college or university they will be attending. No application will be considered until the required attachments are submitted. This is the applicant's responsibility.*

Completed applications, with the attachments listed below, **MUST** be in the hands of the Educational Fund Board Secretary, Mrs. Kelly J. Milne, 147 West Street, East Bridgewater, MA 02333, (774) 444-0627 postmarked **no later than Thursday, February 1, 2018.**

**1. CHAPTER CERTIFICATION:** This section must be filled in completely and have the Worthy Matron and Secretary of the Chapter sign and affix the Chapter Seal. **THEN** the applicant completes the application to insure privacy of personal income, assets and liabilities.

**2. PERSONAL LETTER – This letter is weighted heavily in the application process**

Attach a **separate** letter written and signed by the applicant stating the reason for application, professional and educational goals as well as scholastic, fraternal, school, social, church involvement and work experience. There is no length requirement although a well written letter will cover all topics just mentioned.

**3. SCHOLASTIC RECORD:** If entering first year of college send the most recent **OFFICIAL** high school transcript including class rank, CEEB and/or SAT ACHIEVEMENT Tests if available. If presently attending or have previously attended college, send most recent **OFFICIAL** transcript bearing the Registrar's seal.

**4, TWO REFERENCES:** These letters must be from the **CURRENT** year and must be signed by the author. **One** character reference letter from anyone other than family member. **One** reference letter from a faculty member of school currently attending. NO APPLICATIONS WILL BE CONSIDERED UNTIL ALL TRANSCRIPTS AND REFERENCES ARE SUBMITTED. **THIS IS THE APPLICANT'S RESPONSIBILITY**



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We certify that the applicant \_\_\_\_\_  
(Applicant's name)

(Complete one)

\_\_\_1. Is a **member** in good standing of \_\_\_\_\_ Chapter No. \_\_\_\_\_ in this jurisdiction for five years.

\_\_\_2. Is the \_\_\_\_\_ of \_\_\_\_\_, who has been  
(Relationship) (Member's name)

a member in good standing in this jurisdiction for five years.

\_\_\_\_\_  
(Signature of Worthy Matron)

\_\_\_\_\_  
(Signature of Chapter Secretary)

\_\_\_\_\_  
(Chapter Name and Number)

Chapter  
Seal



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Please print.

Name: \_\_\_\_\_ E-MAIL \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

**Are you a member of the Order of the Eastern Star?** \_\_\_Yes \_\_\_No

If yes, Name of Chapter and No. \_\_\_\_\_

If no, what is your relationship to sponsoring member (e.g. son/daughter) \_\_\_\_\_

\*\*List Sponsor's Name, Chapter(s) and No.(s)

\*\*List all of your Sponsor's OES Associations (e.g. Stargazers, Grand Representatives). Ask your Sponsor use separate page if necessary **This is very important information that is needed for some scholarships.**

**PERSONAL DATA**

1. Age \_\_\_\_\_ 2. Place of Birth \_\_\_\_\_

3. Marital Status: *(check one)* Single \_\_\_\_\_ Married \_\_\_\_\_ Single Parent \_\_\_\_\_

4. If Single, complete this section:

a. Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Income \_\_\_\_\_

b. Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_ Income \_\_\_\_\_

c. Number of Brothers & sisters \_\_\_\_\_ Ages \_\_\_\_\_

5 If Married, complete this section:

a. Your Occupation \_\_\_\_\_ Your Income \_\_\_\_\_

b. How many dependent children do you have? Number \_\_\_\_\_ Ages \_\_\_\_\_

c. Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Income \_\_\_\_\_

6. If Single Parent, complete this section:

a. Your Occupation \_\_\_\_\_ Your Income \_\_\_\_\_

b. How many dependent children do you have? Number \_\_\_\_\_ Ages \_\_\_\_\_

7. Explain any unusual family circumstances: \_\_\_\_\_

8. How many dependent children do you have? Number \_\_\_\_\_ Ages \_\_\_\_\_



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9. Are you, or have you been, a member of (check if yes) Masons \_\_\_ Rainbow \_\_\_ DeMolay \_\_\_

10. Have you previously applied for, and been awarded a Massachusetts Grand Chapter Eastern Star Scholarship? Yes \_\_\_ No \_\_\_

If Yes - (give date and Scholarship Awarded, and Amount) \_\_\_\_\_

11. Have you Applied for a Scholarship, but did not receive one? (give year) \_\_\_\_\_

12. Please list any awards, community service or work experience: \_\_\_\_\_

**SECONDARY EDUCATION** (Current High School Seniors - **ONLY**)

1. High School \_\_\_\_\_ Class of \_\_\_\_\_ Location \_\_\_\_\_

2. Course of Study \_\_\_\_\_ Rank in Class \_\_\_\_\_ / \_\_\_\_\_  
(No.) (No. in Class)

**REFERENCES**

List below the names and addresses of those persons submitting **current** letters of reference:

\_\_\_\_\_

\_\_\_\_\_

**COLLEGE INFORMATION**

**1. If currently in college answer this section:**

a. Name of College: \_\_\_\_\_

Location of College: \_\_\_\_\_

b. Year in September 2017: Sophomore \_ Junior \_ Senior \_ Grad. School \_

c. Course Major: \_\_\_\_\_

d. Intended occupation or profession \_\_\_\_\_

**2. If NOT in college answer this section:**

a. College applied to: \_\_\_\_\_ Location \_\_\_\_\_ Accepted \_\_\_\_\_

College applied to \_\_\_\_\_ Location \_\_\_\_\_ Accepted \_\_\_\_\_

College applied to \_\_\_\_\_ Location \_\_\_\_\_ Accepted \_\_\_\_\_

b. Proposed Major: \_\_\_\_\_

c. Intended occupation or profession \_\_\_\_\_



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**COLLEGE EXPENSES AND SOURCE OF EXPENSE** (Best estimate in dollars)

1. Estimated Yearly Tuition \$ \_\_\_\_\_ Yearly Board/Room \$ \_\_\_\_\_

Other (explain) \_\_\_\_\_

2. Personal Savings \$ \_\_\_\_\_

3. Income from Working \$ \_\_\_\_\_

4. Parents Financial Assistance \$ \_\_\_\_\_

At present, are you receiving any other Scholarship money? Please list and supply amount.

\_\_\_\_\_  
Please explain any other circumstances that may be pertinent to the Board in determining your needs for scholarship assistance. This statement should include financial need, and does not take the place of your personal letter.

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

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

Attachments SHOULD BE MAILED WITH THE APPLICATION. The exception may be the School Transcripts and recommendations, which some schools and individuals insist on mailing directly. **This should be so noted on the application if such is the case.** The applicant should provide the School/Individual with the address of the Educational Fund Board Secretary for this purpose.

**Notification Letters will be mailed on May 1, 2018.**

The Educational Scholarships will be given to the recipients **Thursday Evening, May 17, 2018** at the Informal Opening of our Grand Chapter Session. We would be most pleased for those receiving AWARDS to reserve that date and plan to attend the AWARDS CEREMONY.

**BE SURE THAT ALL ATTACHMENTS REQUIRED ARE ENCLOSED WITH THIS APPLICATION**

**Or provide a list of those items that are coming under separate cover.**

**APPLICATIONS MUST BE POSTMARKED**

**ON OR BEFORE THURSDAY, FEBRUARY 1, 2018**

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**