ARANSAS PASS #162 ORDER OF THE EASTERN STAR SCHOLARSHIP

This is a scholarship payable to recipient and institution of higher learning selected by the recipient. The scholarship is to be used within one (1) year from the date that the recipient graduates from high school or it will be forfeited. It is the responsibility of the recipient to forward a copy of acceptance letter and schedule of classes before the scholarship can be sent to the institution of the recipient's choice. Please send the information required to: Aransas Pass Chapter #162 Order of the Eastern Star, P O Box 135, Aransas Pass, Texas 78335.

WHO IS ELIGIBLE:

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To be eligible to apply for this scholarship you must:

- 1. Be a senior currently enrolled in high school.
- 2. Be a citizen of the United States.
- 3. Meet the entrance requirements of the college or institution you have selected.

Selection of the Scholarship recipient will be made by a committee comprised of Aransas Pass #162 O.E.S. Chapter members.

Selection of Scholarship recipient will be based on the following criteria:

- 1. Must meet requirements for eligibility.
- 2. Must be a high moral character.
- 3. Preference will be given to those students showing financial need.
- 4. An interview may be requested.

TO APPY:

- 1. Submit the attached application.
- 2. Submit resume.

Deadline for returning application is:

APPLICATION FOR THE ARANSAS PASS #162 ORDER OF THE EASTERN STAR SCHOLARSHIP

DATE:		
NAME:		
Last	First	Middle
HOME ADDRESS:		The state of the s
PLACE OF BIRTH:	DATE OF BIRTH:	
father's name:	ADDRESS:	
MOTHER'S NAME:	ADDRESS:	
FATHER'S OCCUPATION:	EMPLOYER:	
YEARLY INCOME:	united by the first of the firs	
MOTHER'S OCCUPATION:	EMPLOYER:	
YEARLY INCOME:		
NUMBER OF BROTHERS OR SISTER	S IN SCHOOL;CO	LLEGE:
YOUR APPROXIMATE GRADE AVER	AGE FOR FOUR (4) YEARS IN	HIGH SCHOOL:
LIST JOBS YOU HELD DURING YOU	R HIGH SCHOOL YEARS:	
	EMPLOYER:	And the second s
	EMPLOYER:	
	EMPLOYER:	
NAME AND ADDRESS OF COLLEGE	YOU WOULD LIKE TO ATTE	ND:
WHAT COURSE OF STUDY DO YOU	PLAN TO ENROLL IN?	
DO YOU PLAN TO WORK PART-TIM	E WHILE IN COLLEGE?	WHERE?
HAVE YOU APPLIED FOR OTHER SO	CHOLARSHIPS?	MATERIAL TO THE PARTY OF THE PA
LIST EACH OF THEM:		
DOES ANY MEMBER OF YOUR FAM	IILY BELONG TO THE MASO	NIC ORDER?
NAME AND ADDRESS:		
DOES ANY MEMBER OF YOUR FAM		
NAME AND ADDRESS:		
LIST REASONS WHY YOU ARE APP	TAING EOD THIS SCHOLADS	HID.