

**Criteria - OES Scholarship Application for High School Graduates/Continuing Education:**

- All applications must be printed clearly in blue or black ink or typed and signed.
- All incomplete applications will be returned.
- All applications must be received by **March 20,2020** no exceptions.
- All Scholarship recipients will be selected on the following factors:
  1. Completed Application, all questions must be answered.
  2. Community Involvement – Social, Religious or Civic.
  3. Extra-Curricular Activities – Sports, Campus Organizations or Mentoring Programs
  4. Transcript – Official **Sealed** Transcript ( High School or College)
  5. Statement of Intent (Letter) – Goals, Interest/Objectives, neatly typed, grammatically correct and spelling.
  6. Letter of Recommendations – 3 (three) Letters of Recommendations in sealed envelopes with signatures and dated.

**Criteria for the Children's Assistance Grant:**

- Grant is awarded to an agency whose focus is support and /or assistance to children.
- Focus can be fields of tutor assistance, abuse, homelessness, mental and psychological problems, children with learning disabilities and children of drug dependent parents.
- Complete application and supporting documents must be received by deadline date of **March 20, 2020**
- **DO NOT SEND TO ADDRESS ON APPLICATION!** Forward to GAM Marva A. Harris at her address.

Any applications received that are incomplete or passed the deadline date will be returned. Only one applicant will be selected per Jurisdiction for both applications. The winning Scholarship recipient and agency will be selected during the Conference to be held May 13-17, 2020. In Springfield , MA. The award for each will be \$500.00. Please return all applications for both the OES Scholarship and Children's Assistance Grant to GAM Marva A. Harris at the following address no later than **March 20, 2020**

Marva A. Harris  
506 Orange Street  
Richmond, KY 40475

Again, please encourage the membership to submit applicants and make sure all applications are legible and complete.

Humbly Submitted,

*Marva A. Harris*

Marva A. Harris, GAM

Cc: GWM, All Matrons and District Deputy Grand Matrons

**Prince Hall Conference of Grand Matrons and Grand Patrons OES  
Scholarship Application for High School Graduates and Continuing Education Students**

Please complete application in its entirety in BLUE or BLACK INK ONLY

Name: \_\_\_\_\_ Last 4 Digits Soc. Sec. No. \_\_\_\_\_

Address: City \_\_\_\_\_ State \_\_\_\_\_ /Zip Code: \_\_\_\_\_

Student Signature \_\_\_\_\_ Age: \_\_\_\_\_

Parents or Guardian Signature (under age 18) \_\_\_\_\_

**Education History:**

Currently enrolled in: High School College/University (please circle one)

Name of High School: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Have you applied for college? Yes or No \_\_\_\_\_ Letter of Acceptance: Yes or No \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Major Course of Study: \_\_\_\_\_

**Family History:**

Number of siblings living at home \_\_\_\_\_ Number attending College \_\_\_\_\_

**Supporting Documents**

- 1) 3 letters of recommendations signed and in sealed envelopes
- 2) High School or College Transcript with school seal/signature sealed envelope
- 3) Typed statement of Intent of not less than 100 words stating why you wish to attend College and provide information of goals, objectives and accomplishments
- 4) Attach document outlining your community involvement (social/religious/civic)
- 5) Attach document outlining your Extra-Curricular (sports/campus organization. /mentoring)

**Scholarship Applicant** return your completed application to the designated person in the Jurisdiction from whom you received the application by **March 20, 2020**.

**Jurisdiction** mail the applicant's completed application to the Scholarship Chairperson by **April 3, 2020**

Grand Matron Signature \_\_\_\_\_ Grand Chapter Seal \_\_\_\_\_

**2019 Application and Recommendation  
For  
The Children's Assistance Grant  
Prince Hall Conference of Grand Matrons and Grand Patrons  
Order of the Eastern Star**

Name of Agency \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

How long has this agency been organized and providing service for children \_\_\_\_\_

Purpose of Agency: \_\_\_\_\_

\_\_\_\_\_

Accomplishments of Agency and cite examples of service rendered on behalf of Children:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximately how many children have benefited from the service of the agency? \_\_\_\_\_

Why does your jurisdiction feel this agency deserves consideration for the award?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grand Chapter \_\_\_\_\_ Jurisdiction of \_\_\_\_\_ Seal \_\_\_\_\_

Grand Worthy Matron (signature) \_\_\_\_\_

Date \_\_\_\_\_

**This application must be returned no later than April 12, 2019 to:**

**Mrs. Marva Linda Montgomery  
136 East Pomona Street  
Philadelphia, PA 19144**