

**ARTHUR CHAPTER #427 OES SCHOLARSHIP**  
**APPLICATION**

1. Print clearly in ink or use typewriter.
2. Fill in ALL of the blanks applicable to you in the form below.
3. Deadline to submit application is April 15<sup>th</sup>.

**\*\*INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED\*\***

**A. Verification of admissibility for next academic year:**

1. High school students must include letter of acceptance from college or university and a transcript of grades.
2. Students currently attending college must include copy of transcripts or recent grade reports.
3. Students re-entering college after an absence must include a letter of admissibility.

**B. Letter of recommendation from one of your most recent teaching staff.**

**C. Letter of recommendation (only one) from someone other than a teacher or relative.**

**D. Personal letter setting forth reasons why you are applying and your plans for the future.**

**E. Small photograph of applicant. May be color or black and white.**

\_\_\_\_\_  
**Name**\_\_\_\_\_ **Birthday**\_\_\_\_\_

**Age**\_\_\_\_\_ **Sex**\_\_\_\_\_ **Telephone**\_\_\_\_\_

**Home Address**\_\_\_\_\_

*Number, Street, Route*

**City**\_\_\_\_\_ **Zip**\_\_\_\_\_ **County**\_\_\_\_\_

**Permanent Illinois address (if different from above):**

\_\_\_\_\_  
*Number, Street, Route*                      *City*                      *Zip*                      *Co.*

**Present school status (check one):**

\_\_\_\_\_ High School                      \_\_\_\_\_ Undergraduate                      \_\_\_\_\_ Vocational  
\_\_\_\_\_ Graduate School                      \_\_\_\_\_ Not enrolled

### School Attendance

1. High School(s) \_\_\_\_\_ Dates \_\_\_\_\_ College Test Scores \_\_\_\_\_

\_\_\_\_\_ ACT \_\_\_\_\_  
\_\_\_\_\_ SAT \_\_\_\_\_  
\_\_\_\_\_ OTHER \_\_\_\_\_

Class Rank \_\_\_\_\_ out of \_\_\_\_\_ based on \_\_\_\_\_ semesters

2. Institution of higher learning attended: \_\_\_\_\_ Dates \_\_\_\_\_ Credits/Degree \_\_\_\_\_

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

3. Name of school to which scholarship would be applied: \_\_\_\_\_

\_\_\_\_\_ Course to be pursued \_\_\_\_\_

### Parents (or guardian):

1. Do your parents still claim you as a dependent for tax purposes? \_\_\_\_\_ Y \_\_\_\_\_ N

\_\_\_\_\_  
*Father/Guardian* \_\_\_\_\_ *Occupation* \_\_\_\_\_

\_\_\_\_\_  
*Mother/Guardian* \_\_\_\_\_ *Occupation* \_\_\_\_\_

2. Total number of dependents in household including yourself \_\_\_\_\_

3. If you are not claimed by your parents or guardian, then complete this section:

Your Occupation \_\_\_\_\_

Your Spouse's Occupation \_\_\_\_\_

**Do you hold, or have you applied for, other scholarships? If yes, please identify:**

Source \_\_\_\_\_ Period of Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

Source \_\_\_\_\_ Period of Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

Source \_\_\_\_\_ Period of Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

Source \_\_\_\_\_ Period of Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

Source \_\_\_\_\_ Period of Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

**Have you received, or have you applied for, financial assistance to pursue your course of study? If yes, please identify:**

Source \_\_\_\_\_ Amount \_\_\_\_\_

Source \_\_\_\_\_ Amount \_\_\_\_\_

**Employment (list any jobs, indicating dates, full or part-time):**

Place of Employment \_\_\_\_\_ Dates \_\_\_\_\_

Place of Employment \_\_\_\_\_ Dates \_\_\_\_\_

Place of Employment \_\_\_\_\_ Dates \_\_\_\_\_

**List any academic honors, awards, etc.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List extra-curricular activities:**

\_\_\_\_\_

\_\_\_\_\_

**Masonic Affiliation:** \*\*This is not a requirement for scholarship\*\*

Parents' Spouse or guardians' Masonic Affiliation: \_\_\_\_\_

Masonic Lodge Name \_\_\_\_\_

Number \_\_\_\_\_ Location \_\_\_\_\_

Eastern Star Chapter Name \_\_\_\_\_

Number \_\_\_\_\_ Location \_\_\_\_\_

**Send application to First State Bank , Trust Department, 201 W. Main Street, Monticello IL 61856. Application can also be dropped off at any of the First State Bank locations- Hammond, Atwood, Tuscola, or Monticello by April, 15.**

I HEREBY CERTIFY THAT THE STATEMENTS HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE ENCLOSED A COPY OF THE REQUESTED DOCUMENTS. I UNDERSTAND THAT IF ANY OF THESE DOCUMENTS ARE MISSING, MY APPLICATION WILL NOT BE PROCESSED.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date