



Prince Hall Grand Chapter of Hawaii

Order of the Eastern Star

EASTERN STAR GRANT REQUIREMENTS

Each year the Eastern Star Scholarship Fund Committee of the Grand Chapter of Hawaii will award a grant. These grants are available to full-time students.

1. ELIGIBILITY

- a. You must be a resident of the State of Hawaii or
 - b. You must be enrolled as a full time undergraduate student (as defined by the institution you attend) in an accredited state or private college, community college or vocational school within the state of Hawaii or
 - c. The child, legally adopted child, step-child, grandchild, widow, spouse or parent of a member of the Order of the Eastern Star or a Mason who's membership is within the State of Hawaii Jurisdiction.
2. You must be maintaining a *minimum 2.5 grade point average* (using the 4.0 system). A vocational or trade school must send a letter verifying grades if a system other than the 4.0 system is used.
 3. You must reapply for additional scholarships each year as additional scholarships are NOT automatic.

FORM REQUIREMENTS AND CHECKLIST

_____ **First time applying**

_____ **Re-applying**

- _____ A. It is the responsibility of the Scholarship Applicant to complete the entire Scholarship Packet, which **MUST** be received by the Secretary of the Scholarship Committee no later than **May 15th 2017** to be considered for the Eastern Star Scholarship. The Secretary's address is provided at the end of these requirements.
- _____ B. Please ensure that all copies are legible.
- _____ C. Prepare a resume` of your educational and employment histories as well as church, organizations and community activities.
- _____ D. The Scholarship Recommendation Form is included with this application. Three recommendations are required. **Use of the attached scholarship recommendation form is optional.** Each recommender should be familiar with your academic achievement, your moral character, your employment experiences, and your organizational and community activities. (The recommenders shall not be relatives, family members or students, but may include school personnel, teachers, administrators, and employers.) You may also include one recommendation from a member of a Masonic organization.
 1. Complete Section 1 of the Scholarship Recommendation Form **before** giving the form to the three individuals from whom you are requesting recommendations.
 2. The forms must be filled-in completely, dated, signed and sealed by the recommender. To

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preserve confidentiality, each recommender should give the form and or the recommendation letter, in a sealed envelope, directly to the scholarship applicant.

3. All **three (3) recommendations** must be included in the Scholarship Application Packet when it is sent to the Secretary of the Committee – **NO LATER THAN THE May 15th 2017 DEADLINE!** It is the Scholarship Applicant's responsibility to get the recommendation from the recommender.

E. The Completed Scholarship Packet should contain the following items:

1. Application
2. Resume
3. One page Essay on (1) your area of study or what you plan to study while in school and (2) how will this area of study impact your career choice?
4. Three (3) Sealed Envelopes containing completed Scholarship Recommendations that the applicant has personally received from the persons writing the recommendation.
5. A sealed Transcript from your college for the quarters/semesters completed before December 31st 2014. This Scholarship Application Packet **MUST BE POSTMARKED NO LATER THAN May 15th 2017.**

We **suggest** this packet be sent with a confirmation return that can track your scholarship application if it does not arrive on time.

PLEASE SUBMIT ONLY THE REQUESTED DOCUMENTS. Do NOT include copies of awards, membership cards, newspaper articles, etc. Reminder: Accuracy and neatness count! You are competing for a limited number of scholarships. Put your best effort forward. Proofread and review your completed application before submitting it to the Committee.

Any questions can be directed to any member of the Eastern Star Scholarship Committee or the office of the Grand Chapter of Hawaii, Order of the Eastern Star at phgchawaii@aol.com.

You will be notified by mail as to the disposition of your application. If your application is approved, the awarded monies will be sent directly to the college/vocational school by August 15th of the current year.

SEND ALL COMPLETED FORMS TO:

**Prince Hall Grand Chapter of Hawaii
Attn: Scholarship Committee
P.O. Box 1236
Pearl City, HI. 96782**

APPLICATION FOR EASTERN STAR SCHOLARSHIP GRANT

NAME: _____
Last First Middle Age

ADDRESS: _____
Street City State Zip

TELEPHONE: (_____) _____ (_____) _____
Area Code Home Number Area Code Work Number

Name and Address of your parents (if you are no longer living at home)

Name and Address of where you are employed

My Relationship to a Hawaii Mason or Eastern Star is (be specific): _____

Who is a member of: _____
Name of Chapter or Lodge # City State

I will have completed one year of my required course study by June (This is required): **My GPA is:** _____

My Major Field of study is: _____

In the Fall I will be attending: _____

Mailing Address of Financial Aid Office City State Zip

I promise to notify the EASTERN STAR SCHOLARSHIP COMMITTEE of any change in my school status (including graduation occurring before the end of the school year. Initials: _____

I have read the instruction sheet. I have included my GRADE POINT AVERAGE, OFFICIAL TRANSCRIPT that has been signed and sealed by the Registrar of my school, a RESUME' of my work and school history, three sealed RECOMMENDATIONS.

Signature of Applicant **Date** _____

My email is: _____

For Committee use only: Approved / Rejected _____, 20____
(Initials of at least 3 Committee Members)

Voucher # _____, **Ck#** _____ **Dated** _____, 20____

RECOMMENDATION FOR EASTERN STAR SCHOLARSHIP GRANT

Section 1 (to be completed by Applicant): The Eastern Star Scholarship Fund Committee has received an application from:

Name of Applicant City State Zip

This applicant desires a scholarship for the purpose of continuing studies at:

Name of University City State

Section 2 (to be completed by Recommender):

Please provide your knowledge to the applicant's character and reputation regarding leadership skills, dependability, etc. All information will be held confidential. Please feel free to use the back of this form for additional information, if needed. **Why would you recommend this applicant for a scholarship?**

Signed: _____ **Date:** _____

Title/Relationship to Applicant: _____

Full Name (Please Print) () Area Code Work Number

Street Address City State Zip

Thank you for taking the time to complete this form and assisting this student.
Please return this form in a sealed envelope and give it directly to the Scholarship Applicant.