



*Received
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December 1, 2017

To: All Guidance Departments in the Public High Schools of Massachusetts

We, the Rebekah Assembly of Massachusetts, of the Independent Order of Odd Fellows, Offer a scholarship of five hundred dollars (\$500.00) to qualified seniors who plan to further their education by attending a two or four-year college program.

Enclosed you will find two copies of our Memorial Scholarship Application. The application lists the requirements for this scholarship. All requirements must be met in order for an application to be considered. We are particularly interested in the student's letter, which helps give us a clearer picture of the needs and goals of the applicant. Please feel free to duplicate this application.

The deadline for applications is March 15, 2018. Information postmarked after this date will not be considered.

Winners and their schools will be notified by mail. Awards will be presented either at the winner's school or at the Rebekah Assembly annual banquet, which will be held on the first Friday in June 2018.

Please post our application before January 1, 2018 so that all of your students will have ample time to prepare an application and meet the deadline. We sincerely hope your students will take advantage of this opportunity to assist them with their financial needs. During this particularly low economic period it is more important than ever, that students take advantage of every possible financial assistance.

All applications must be mailed to the address listed below.

Thank you in advance for your cooperation and continued devotion to our youth.

Sincerely,

Helena E. Harris PPRA
Chairperson
Scholarship Committee

Please mail applications to:

Carol Daigle
16 Coltin Drive.
Newburyport, MA 01950

The Rebekah Assembly of Massachusetts

**INDEPENDENT ORDER OF ODD FELLOWS
MEMORIAL SCHOLARSHIP APPLICATION**

NAME _____ TELEPHONE _____
ADDRESS _____ CITY/TOWN _____
HIGH SCHOOL _____ YEAR OF GRADUATION _____
COLLEGES APPLIED TO _____
COLLEGES ACCEPTED TO _____
CAREER OPTION _____

FAMILY PROFILE

PARENT/GUARDIAN _____ ADDRESS _____
FATHER'S EMPLOYER _____ INCOME _____
MOTHER'S EMPLOYER _____ INCOME _____
TOTAL NUMBER OF PERSONS DEPENDENT ON PARENTS _____ (PLEASE LIST NAMES & AGES)

THE FOLLOWING INFORMATION APPLIES TO HIGH SCHOOL YEARS ONLY

DO YOU HAVE PAID JOB? [] YES [] NO WHAT? _____
LIST ANY VOLUNTEER WORK. (CHURCH, COMMUNITY, HOSPITAL, ETC) _____

SCHOOL ACTIVITIES. (SPORTS, CLUBS, GROUPS, OFFICES, ETC) _____

LIST ANY SCHOOL AWARDS, SCHOLARSHIPS OR HONORS _____

LIST ANY OUTSIDE OF SCHOOL AWARDS (SCOUTING, D.A.R., RECOGNITION ETC) _____

OPTIONAL

FAMILY AFFILIATION WITH THE REBEKAHS OR ODD FELLOWS? [] NO [] YES - WHO? _____

IMPORTANT ALL OF THE FOLLOWING INFORMATION MUST ACCOMPANY THIS APPLICATION.

- 1) STATEMENT OF NEEDS OF A SCHOLARSHIP (INCLUDE FAMILY CIRCUMSTANCES)
- 2) ONE (1) ADULT PERSONAL LETTER OF REFERENCE FROM OUTSIDE OF SCHOOL
- 3) TWO (2) EDUCATIONAL LETTERS OF REFERENCE
- 4) ACADEMIC/SCHOLASTIC RECORD FROM HIGH SCHOOL
- 5) PERSONAL STATEMENT EXPLAINING YOUR GOALS, FINANCIAL STATUS, MEMBERS OF YOUR FAMILY, ETC.

RETURN APPLICATION TO:

Carol Daigle
16 Coltin Drive
Newburyport, MA 01950

SIGNATURE OF APPLICANT _____
SIGNATURE OF PARENT/GUARDIAN: (APPLICATION NOT
CONSIDERED WITHOUT PARENTAL SIGNATURE)

ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN MARCH 15, 2013

THIS APPLICATION MAY BE USED BY OTHER UNITS OF THE ORDER FOR THE PURPOSE OF AWARDING SCHOLARSHIPS