



# Educational Fund

GRAND CHAPTER OF MASSACHUSETTS  
ORDER OF THE EASTERN STAR

**PO BOX 65**  
**READING, MA 01867**  
**(774) 435-1353**  
**maoesscholarship@gmail.com**



# 2024

## EDUCATIONALSCHOLARSHIPAPPLICATION

### EDUCATIONAL FUND

The Grand Chapter of Massachusetts, O.E.S. established this fund in 1943 to assist deserving students to further their education through attendance at an institution of higher learning after high school, i.e. college, graduate school or vocational institution. Within the Educational fund are numerous individual scholarship funds provided by individual Eastern Star members, their Chapters, or their Associations. Scholastic merit, community involvement, and quality of application, all assist the Board in awarding these individual scholarships. Applicants must be children, grandchildren, legally adopted stepchildren, nieces, or nephews of Members of the Order of Eastern Star of Massachusetts who also have attained five (5) years of continuous membership and are in good standing in the Grand Jurisdiction. **APPLICANTS MUST BE FULL-TIME STUDENTS.** Applications may be accepted and Scholarships awarded to a student for two (2) years.

**Exception to the above** – Applications will be accepted from Members of the Order of Eastern Star in Massachusetts who are in good standing for five (5) years. These Members may be FULL-TIME OR PART-TIME STUDENTS. All applicants must be attending an accredited institution of higher learning and earning a minimum of six (6) credit hours per semester for an UNDERGRADUATE Program OR three (3) credit hours per semester for a GRADUATE Program. Applications from members of the Order will be accepted and Scholarships Awarded for a total of five (5) years.

**All Applicants must submit proof of acceptance from the college or university they will be attending. No application will be considered until the required attachments are submitted. This is the applicant's responsibility.**

Completed applications, with the attachments listed below, **MUST** be in the hands of the **EDUCATIONAL FUND BOARD, PO BOX 65, READING, MA 01867, postmarked no later than Saturday February 3, 2024.**

**1. CHAPTER CERTIFICATION: This section must be filled in completely** and have the Worthy Matron and Secretary of the Chapter sign and affix the Chapter Seal. **THEN** the applicant completes the application to ensure privacy of personal income, assets and liabilities.

**2. PERSONAL LETTER – This letter is weighted heavily in the application process.**

Attach a **separate** letter written and signed by the applicant stating the reason for application, professional and educational goals as well as scholastic, fraternal, school, social, church involvement and work experience. There is no length requirement although a well written letter will cover all topics just mentioned. **Financial need should NOT** be included in this letter. There is space on page 5 of this application to note financial need.

**3. SCHOLASTIC RECORD:** If entering first year of college send the most recent **OFFICIAL** high school transcript including class rank, CEEB and/or SAT ACHIEVEMENT Tests if available. If presently attending or **have** previously attended college, send most recent **OFFICIAL** transcript bearing the Registrar's seal.

**4. TWO REFERENCES:** These letters must be from the CURRENT year and must be signed by the author. All Applicants must include one-character letter from anyone other than a family member PLUS all High School Applicants must include one reference letter from a faculty member of the school they are currently attending. College Applicants must include one-character letter as above and one reference letter from one of the following: a college professor, employer, or a fraternal or church leader.

NO APPLICATIONS WILL BE CONSIDERED UNTIL ALL TRANSCRIPTS AND REFERENCES ARE SUBMITTED. **THIS IS THE APPLICANT'S RESPONSIBILITY.**

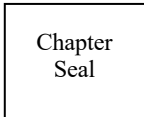
### CERTIFICATION

We certify that the applicant \_\_\_\_\_  
*(Applicant's name)*

*(Complete one)*

\_\_\_ 1. Is a **member** in good standing of \_\_\_\_\_ Chapter No. \_\_\_\_\_ in this jurisdiction for five years.

\_\_\_ 2. Is the \_\_\_\_\_ of \_\_\_\_\_, who has been  
*(Relationship)* *(Member's name)*  
a member in good standing in this jurisdiction for five years.



\_\_\_\_\_  
*(Signature of Worthy Matron)*

\_\_\_\_\_  
*(Signature of Chapter Secretary)*

\_\_\_\_\_  
*(Chapter Name and Number)*

Please read this application carefully and in full before completing it. If you have any questions, please call (774)-435-1353 to speak with a member of the Educational Fund Board. We will be happy to assist you.

Please print.

Name: \_\_\_\_\_ E-MAIL \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Are you a member of the Order of the Eastern Star? \_\_\_Yes \_\_\_No

If yes, List Chapter and Date of Initiation. \_\_\_\_\_

**\*\*List all of your or your sponsor's OES Associations (e.g. Dreamcatchers, Grand Representatives). Ask your Sponsor to provide this information. This is very important information that is needed for some scholarships.**

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

### PERSONAL DATA

1. Age \_\_\_\_\_ 2. Place of Birth \_\_\_\_\_

3. Marital Status Single \_\_\_\_\_ Married \_\_\_\_\_ Single Parent \_\_\_\_\_

4. If Single, complete this section:

a. Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Income \_\_\_\_\_

b. Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_ Income \_\_\_\_\_

c. Number of Brothers & sisters \_\_\_\_\_ Ages \_\_\_\_\_

5. If Married, complete this section:

a. Your Occupation \_\_\_\_\_ Your Income \_\_\_\_\_

b. How many dependent children do you have? Number \_\_\_\_\_ Ages \_\_\_\_\_

c. Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Income \_\_\_\_\_

6. If Single Parent, complete this section:

a. Your Occupation \_\_\_\_\_ Your Income \_\_\_\_\_

b. How many dependent children do you have? Number \_\_\_\_\_ Ages \_\_\_\_\_

7. Explain any unusual family circumstances: \_\_\_\_\_

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

8. Are you, or have you been, a member of Rainbow, Demolay, or a Master Mason \_\_\_\_\_?
9. Have you previously applied for, and been awarded a Massachusetts Grand Chapter Eastern Star Scholarship? Yes\_ No\_  
 If Yes - (give date and Scholarship Awarded, and Amount) \_\_\_\_\_
10. Have you Applied for a Scholarship, but did not receive one? (give year) \_\_\_\_\_
11. Please list any awards, community service or work experience:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECONDARY EDUCATION (Current High School Seniors - ONLY)**

1. High School \_\_\_\_\_ Class of \_\_\_\_\_ Location \_\_\_\_\_
2. Course of Study \_\_\_\_\_ Rank in Class \_\_\_\_\_ / \_\_\_\_\_  
 (No.) (No. in Class)

**REFERENCES**

List below the names and addresses of those persons submitting current letters of reference:

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

**COLLEGE INFORMATION**

**1. If currently in college answer this section:**

- a. Name of College: \_\_\_\_\_  
 Location of College: \_\_\_\_\_
- b. Year in September 2024: Sophomore \_ Junior \_ Senior \_ Grad. School
- c. Course Major: \_\_\_\_\_
- d. Intended occupation or profession \_\_\_\_\_

**2. If NOT in college answer this section:**

- a. College applied to: \_\_\_\_\_ Location \_\_\_\_\_ Accepted \_\_\_\_\_  
 College applied to \_\_\_\_\_ Location \_\_\_\_\_ Accepted \_\_\_\_\_  
 College applied to \_\_\_\_\_ Location \_\_\_\_\_ Accepted \_\_\_\_\_
- b. Proposed Major: \_\_\_\_\_
- c. Intended occupation or profession \_\_\_\_\_

**COLLEGE EXPENSES AND SOURCE OF EXPENSE (Best estimate in dollars)**

- 1. Yearly Tuition \$ \_\_\_\_\_ Yearly Board/Room \$ \_\_\_\_\_
- 2. Personal Savings \$ \_\_\_\_\_
- 3. Income from Working \$ \_\_\_\_\_
- 4. Parents Financial Assistance \$ \_\_\_\_\_
- 5. Additional Financial Assistance (from employer, church, etc.) \$ \_\_\_\_\_

At present, are you receiving any other Scholarship money? Please list and supply amount.

\_\_\_\_\_

Please explain any other circumstances that may be pertinent to the Board in determining your needs for scholarship assistance. **This statement should include financial need**, and **does not** take the place of your personal letter.

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

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

Attachments SHOULD BE MAILED WITH THE APPLICATION. The exception may be the School Transcripts and recommendations which some schools and individuals insist on mailing directly. **This should be so noted on the application if such is the case.** The applicant should provide the School/Individual with the address of the Educational Fund Board for this purpose.

**Notification Letters will be mailed by May 1, 2024.**

The Educational Scholarships will be given to the recipients **Thursday Evening, May 16, 2024** at the Informal Opening of our Grand Chapter Session in Boxboro, MA. Details will be included in the Notification Letter. We would be most pleased for those receiving AWARDS to reserve that date and plan to attend the AWARDS CEREMONY.

**BE SURE THAT ALL ATTACHMENTS REQUIRED ARE ENCLOSED WITH THIS APPLICATION  
or provide a list of those items that are coming under separate cover.**

**APPLICATIONS MUST BE POSTMARKED  
ON OR BEFORE SATURDAY, FEBRUARY 3, 2024.**

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**