

APPLICATION
Our World of Youth Scholarship Program (2010)

Please refer to the Program Guidelines during preparation.

Mail completed application to the Scholarship Awards Committee:

Lois Wagoner, PGM, Chairman
4786 West Quail Run Drive
New Palestine, IN 46163

Telephone: (317) 861-6296

Applicant's Name _____

(Last) (First) (Middle)

Social Security Number _____ Date of Birth _____

Permanent Mailing Address _____

Telephone number _____ Entering Grade Level _____

Institution will be attending _____

Location _____

Member of: Rainbow for Girls ___ Job's Daughters ___ DeMolay ___

Order of the Eastern Star in Indiana _____ (one must be checked)

Name/Number/Location of Organization _____

Office held/Title _____

Have you received this scholarship award previously _____

Checklist for Attachments:

- _____ 1. High School Transcript and/or
- _____ 2. College Transcript if applicable
- _____ 3. List of extra-curricular activities
- _____ 4. List of awards and scholarships received
- _____ 5. List of community service and work experience
- _____ 6. Signed Letter of Recommendation (Mother Advisor – Bethel Guardian –
Chapter Dad – Worth Matron
- _____ 7. One page summary of your present and future study plans

Signatures:

Applicant _____ Parent _____