

APPLICATION FOR SCHOLARSHIP – 2026
Grand Chapter, Order of the Eastern Star of Utah
Applicant must be resident of the State of Utah

NAME: _____ SSN: _____

PERMANENT HOME ADDRESS:

_____ PHONE: _____

ADDRESS WHILE ATTENDING EDUCATIONAL FACILITY:

PHONE: _____

EDUCATIONAL INSTITUTION WHERE YOU WILL USE THIS SCHOLARSHIP, IF AWARDED

ADMISSIONS OFFICE ADDRESS: _____

CITY, STATE, ZIP CODE: _____ PHONE: _____

HOW LONG HAVE YOU BEEN A RESIDENT OF UTAH: _____

HIGH SCHOOL GRADUATED FROM: _____

YEAR GRADUATED FROM HIGH SCHOOL: _____

YEAR RECEIVED HIGH SCHOOL EQUIVALENT: _____

CLASSIFICATION: Entering Freshman _____ Sophomore _____ Junior _____ Senior _____ Other _____

Explain: _____

College Major: _____ Career Objective: _____

List any Educational Institutions you have attended, including present (enclose current *official* transcript of credits):

Do you plan to attend full-time or part-time? Full Time _____ Part Time _____

Fall Semester _____ Spring Semester _____ Summer Semester _____

Please list current scholarships you have received and amount of each:

Father/Guardian: _____ Phone: _____

Address: _____

City State Zip Code

Mother/Guardian: _____ Phone: _____

Address: _____

City State Zip Code

Spouse: _____

Address: _____

Masonic or Eastern Star Relationship, Child or Grandchild or Organization Membership of Applicant:

Relationship: _____

Masonic (Lodge) _____

Eastern Star (Chapter) _____

Job's Daughters

(Bethel) _____

DeMolay (Chapter) _____

Make a short statement as to your career goal(s) (attach additional sheet if necessary): _____

Applicant should submit supporting recommendation and material that enhances his/her eligibility. List contributions made to Job's Daughters/DeMolay, Masonry, Easter Star, school and Civic activities (attach additional sheet if necessary):

Please submit three **current** letters of recommendation, *one from a Mason or member of the Order of the Eastern Star*—please have the Mason or Easter Star Member include the Lodge and/or Easter Star Chapter and its location. *The other two should be from a school official (i.e., Principal, Professor, Teacher, Counselor)_or Employer.* Letters may not be from family members. **Failure to follow these instructions will result in rejection of your application.** Applicants must be accepted for admission or be currently enrolled before payment of scholarship is made. Scholarships are valid for one year only. The maximum number of scholarships that can be awarded to the same individual is four (one per year).

Please add a small photo of yourself.

AUTHORIZATION: I certify that, to the best of my knowledge, the information contained in this statement is current and complete.

APPLICANT: _____ DATE: _____

This application must be legible (typed if possible) and **postmarked by July 1, 2026. It must be accompanied by a current official TRANSCRIPT of credits and the proper current letters of recommendation, or it will not be accepted.**

SEND TO:

Lois Wille, Gr. Sec.
3828W Woodgate Circle
West Valley City, UT 84120
801-792-1287
utgcsec@gmail.com

THIS APPLICATION SUPERSEDES ALL OTHER APPLICATION PRIOR TO 2026