

**Cecelia Dunlap Grand Chapter, Order of Eastern Star
of Kentucky, Inc., PHA**



February 24, 2017

District Deputy Grand Matrons, Subordinate Chapter Matrons and Secretaries:

Attached is the Mary E. Howe Education Assistance information for 2017. **The 1st page is chapter information ONLY**, the 2nd page is for the scholarship recipient and the 3rd page is the application form

- **BEFORE passing out information to recipients, please write in the local chapter's name and mailing address, so they will know who to send the information to.**
- The student's deadline is June 1, 2017, therefore, your chapter may have to have a call meeting to vote on your applicant since you can only submit one name per chapter.
- Matrons and Secretaries **MUST** sign the form on the one (1) application that they are submitting to the Scholarship Chairperson.
- Deadline to the Scholarship Chairperson is June 30th and my address is listed on the front page.

If you have any questions, please contact me at 859/533-4446. If you get my voice mail, please leave your name and phone number, so that I may return your call.

Sisterly,

Carla Y. Vinegar
Mary E. Howe Assistance Chairperson

c: GWM Felecia J. Ballard
File

**Cecelia Dunlap Grand Chapter, Order of Eastern Star
of Kentucky, Inc., PHA**



Mary E. Howe Education Assistance

TO: Worthy Matrons, Worthy Patrons, Officers and members of Subordinate Chapters of Cecelia Dunlap Grand Chapter, O.E.S. – P.H.A., Inc.

Greetings OES Members:

Below are the guidelines for the Mary E. Howe Assistance Fund. This program was created to assist students to help meet the cost of their college education. The assistance will be based on need, as well as Grade Point Average.

Enclosed is the recipient guidelines and application form.

OES Guidelines:

- 1. Students will mail the complete application packet to the local Subordinate Chapter, prior to the chapter's June meeting**
- 2. Each chapter is to review all packets for completeness, according to the criteria listed on the next page, before mailing their selection to the scholarship committee.**
- 3. All information must be filled out completely, such as Matron and Chapter, plus correct address of student and parents. If not, the application will not be considered.**
- 4. Each chapter should vote and submit only one (1) application packet, signed and dated by the Matron and Secretary.**
- 5. Mail completed packet to the address below – DO NOT MAIL TO GRAND SECRETARY**
- 6. The selected application packet should be mailed on or before June 30, 2017 to the below address**

**Sis. Carla Y. Vinegar, Chairperson
Mary E. Howe Educational Assistance Fund Committee
618 Charlbury Road
Lexington, KY 40505-1613**

Thanks for your cooperation in this matter and we look forward to receiving an application packet from each Subordinate Chapter.

F.A.T.A.L.

Carla Y. Vinegar

Sis. Carla Y. Vinegar - Chairperson

Sis. Catherine Bond - Secretary

Sis. Donna G. Newsome Hawkins, P.G.M. - Grand Advisor

Committee Members: Sis. Rhonda Smith, Sis. Ann Hairston, Sis. Sheila Yates, Sis. Vernita Powell and Sis. Venita Murphy

**Cecelia Dunlap Grand Chapter, Order of Eastern Star
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Mary E. Howe Education Assistance

Dear Prospective Recipient:

Cecelia Dunlap Grand Chapter, Order of Eastern Star of Kentucky is accepting applications for the 2017 College Assistance Program. This program was created to assist students to help meet the cost of their college education.

If all information is NOT filled out, such as Matron and Chapter, plus correct address of student and parents, this application will not be considered.

You are encouraged to apply for this assistance fund, if they meet the following criteria:

RECIPIENT GUIDELINES

1. **High School Seniors Only.**
2. **Complete Official Transcript from the High School signed by the Principal or Guidance Counselor and sealed, with Grade Point Average of 2.0 - 4.0.**
3. **One (1) copy of the transcript for chapter review**
4. **Must have a College Acceptance Letter. Your college student ID must be included.**
5. **Essay of 300-500 word, double spaced. Times New Roman, 12 Point font, stating why you feel you should receive our Educational Assistance Fund and any other information that you would like to share regarding need and future plans.**
6. **A list of the other scholarships you will receive.**
7. **Submit all items together in one mailing envelope, send to local chapter at address listed below. DO NOT SEND TO GRAND SECRETARY. Incomplete packages will not be considered.**
8. **All applications must be postmarked on or before June 1, 2017.**

Please mail the completed application (next page), college acceptance letter, and essay stating why you should receive the assistance fund, future plans and any other information regarding need, and a list of other scholarships you will receive. The Assistance Fund will be based on need, as well as Grade Point Average. This information should be mailed on or before June 1, 2017, to the following address:

_____, Local Chapter Chairperson

Under the provisions of the Privacy Act of 1974 the information requested will only be used in processing of the application. Disclosure of the information is voluntary. If requested information is not provided the application may be delayed or dismissed without action. None of the information associated with the privacy act will be retained after the scholarship has been presented.

Applicant: Please make sure all information requested below is completed before mailing the application. If this is NOT done, the application WILL NOT be considered.

APPLICANT INFORMATION

Name: _____
Address: _____
City, State and Zip Code _____
Phone: _____

PARENT/GUARDIAN INFORMATION

Mother: _____
Address: _____
City, State and Zip Code _____
Phone: _____
Father: _____
Address: _____
City, State and Zip Code _____
Phone: _____

1. Name of College you plan to attend: _____
2. College Mailing address: _____
3. College ID Number: _____
4. Career Goal: _____
5. List other Grants, Scholarship and/or awards: _____

6. Hobbies, Interest, Civil and Volunteer Activities: _____

Application Deadline: June 1, 2017

Mary E. Howe Education Assistance Fund Application for 2017

Submitted by Chapter Name and No. _____
Matron's signature and date _____
Secretary's signature and date _____
District: _____

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