

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



February 21, 2024

District Deputy Grand Matrons, Subordinate Chapter Matrons and Secretaries:

Attached is the Mary E. Howe Education Assistance information for 2024. **The 1<sup>st</sup> page is chapter information ONLY**, the 2<sup>nd</sup> page is for the scholarship recipient and the 3<sup>rd</sup> page is the application form

- **BEFORE** passing out information to recipients, please **write in the local chapter's name and mailing address, so students will know where to mail their application packet.**
- The **STUDENT'S deadline is Friday, May 24, 2024. Applications mailed to the chapter need to be postmarked or received by this date.**
- Matrons and Secretaries **MUST** sign the form on the one (1) application that they are submitting to the Scholarship Chairperson and it would be nice to add the chapter seal since this is an official document.
- **Deadline to the Scholarship Chairperson is Friday, July 5, 2024**, and my address is listed on the front page. Packet must be complete and postmarked by this date to be considered.

If you have any questions, please call or text me at 859/533-4446. If you get my voice mail, leave your name and phone number, so that I may return your call. I can also be reached at DAnswer4@gmail.com.

Sisterly,

Carla Y. Vinegar  
Mary E. Howe Assistance Chairperson

c: GWM Carla D. Goode Thomas  
File

**ENCLOSURE: Chapter Guidelines, Recipient Guidelines and application**

**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.**
- 2. Each chapter is to review all received packets at their June meeting 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 the completed packet to the address below – DO NOT MAIL TO GRAND SECRETARY**
- 6. The selected application packet should be mailed on or before Friday, July 5, 2024 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.

**Sincerely,**

*Carla Y. Vinegar*

**Sis. Carla Y. Vinegar - Chairperson**

**Sis Lashonda Baker, Secretary**

**Sis Marva A. Harris, PGWM - Grand Advisor**

**Committee Members: Sis. Rhonda Hardin, Sis. Chiffon Winston, Sis Debora D. Quarles**

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



**Mary E. Howe Education Assistance**

Dear Student:

Cecelia Dunlap Grand Chapter, Order of Eastern Star of Kentucky is accepting applications for the 2024 College Assistance Program. This program was created to assist students to help meet the cost of their college education.

If all information is NOT included or correctly completed, this application will not be considered.

You are encouraged to apply for this assistance fund, if you 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, with Grade Point Average of 2.0 - 4.0. This transcript needs to be sealed and is for use by the grand committee.**
3. **An additional copy of the transcript for the chapter to use for their 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. Please list the essay word count on your application.**
6. **A list of the other scholarships you will receive and the amount.**
7. **Submit all items together in one mailing envelope, send to local chapter at their address listed below. Incomplete packages will not be considered.**
8. **All applications must be postmarked on or before Friday, May 24, 2024.**

The Assistance Fund will be based on need, as well as Grade Point Average. Please mail the completed application (next page), and the items listed above to the address listed below. This information should be mailed on or before Friday, May 24, 2024.

\_\_\_\_\_, 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. Student ID Number: \_\_\_\_\_
4. Career Goal: \_\_\_\_\_
5. List other Grants, Scholarship and/or awards: \_\_\_\_\_  
\_\_\_\_\_
6. Hobbies, Interest, Civil and Volunteer Activities: \_\_\_\_\_  
\_\_\_\_\_
7. Essay Word Count: \_\_\_\_\_

**Application Deadline: Friday, May 24, 2024**

<b>Mary E. Howe Education Assistance Fund Application for 2024</b>	
Submitted by Chapter Name and No.	_____
Matron's signature and date	_____
Secretary's signature and date	_____
District:	_____

**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.**