

**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 Monday, July 6, 2026 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 Brenda Murphy, PGWM - Grand Advisor
Sis Rhonda Hardin, Secretary
Committee Members: Sis. Cynthia Anderson, Sis Jean Fitzgerald, 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 2025 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, June 5, 2026.**

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, June 6, 2025.

_____, 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. Major/Career Goal: _____
5. List other Grants, Scholarship and/or awards: _____

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

7. Essay Word Count: _____

Application Deadline: Friday, June 5, 2026

Mary E. Howe Education Assistance Fund Application for 2026

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

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