

APPLICATION
World of Youth Scholarship Program (2024)

PLEASE REFER TO THE PROGRAM GUIDELINES DURING PREPARATION!

Mail completed application and all attachments to the Scholarship Awards Committee Chairman:

Robert Surber, PGP
5216 N 1150 E
Van Buren, IN 35991

Applicant Name _____
(Print) (Last) (First) (Middle)

Permanent Mailing Address:

Date of Birth: _____ E-Mail Address: _____

Home Phone _____ Cell Phone Number _____

Entering Grade Level _____ Institution to be attended _____

Location _____

Member in good standing and not having reached the age of majority of: (Please put an X in the appropriate space)

Rainbow for Girls Assembly _____ Job's Daughter's Bethel _____ Demolay Chapter _____
Or a member in good standing in the Order of the Eastern Star in Indiana _____

Name/Number/Location of Organization _____

Office Held/Title (if applicable) _____

Have you received this scholarship award previously? Yes _____ No _____ (must check one)

Checklist for Attachments:

- _____ 1. High School transcript
- _____ 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, Worthy Matron)
- _____ 7. One-page summary of your present and future study plans.

SIGNATURES:

Applicant: _____ Parent/Guardian _____

NOTE: APPLICATION MUST BE RECEIVED BY APRIL 25, 2024