

The Rebekah Assembly of Massachusetts

Independent Order of Odd Fellows
Memorial Scholarship Application

Name _____ Telephone _____
Address _____ City _____ Zip _____
High School _____ Year of Graduation _____
Colleges Applied to _____
Colleges Accepted to _____
Career Option _____

FAMILY PROFILE

Parent / Guardian _____ Address _____
Father's Employer _____ Income _____
Mother's Employer _____ Income _____
Total Number of Persons Dependent on Parents _____ (Please List Names & Ages)

The Following Information Applies to the High School Years ONLY

Do You Have A Paying Job () Yes () No If So Where? _____
List any Volunteer Work (Church, Community, Hospital, Etc.) _____

School Activities (Sports, Clubs, Groups, Offices) _____

List Any School Awards, Scholarship or Honors _____

List Any Outside of School Awards (Scouting, D.A.R, Etc.) _____

Family Affiliation With The Rebekahs or Odd Fellows () No () Yes Who? _____

Important ALL Of The Following Information must Accompany This Application

- 1) Statement of Need of a Scholarship (Including Family Circumstances)
- 2) One (1) Adult Personal Letter of Reference From Outside of School
- 3) Two (2) Educational Letter of Reference
- 4) Academic / Scholastic Record From High School
- 5) Personal Statement Explaining Your Goals, Financial Status, Members of your Family

Return Application To:

Barbara McLaren
86 Highland Road
Brookline, MA 02445

Signature Of Applicant _____

Signature Of Parent / Guardian (Application NOT Considered Without Signature)

All Applications Must Be Postmarked No Later Than March 30, 2024

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