





#### GENERAL INSTRUCTIONS

## PLEASE FOLLOW DIRECTIONS CAREFULLY AND COMPLETELY, FAILURE TO DO SO WILL RESULT IN REJECTION OF APPLICATION

#### FOR HIGH SCHOOL SENIORS ONLY

- 1. Applicant must use the current official Odd Fellow-Rebekah scholarship form which must be dated and signed by the Student, parent(s), or guardian(s) and lodge official(s) where applicable. (see instruction 12) All applications and statements are required to be signed. Typewritten applications are preferred or must be legibly handwritten. A recent photograph of the applicant, with a signature on the reverse side, must be firmly attached to the application.
- 2. Applications and all supporting documents must be in English.
- 3. Current Official high school transcript of the student's records if presently attending a school of higher education, must be submitted. Records may be photocopies that bear an original signature or seal of the proper authority.
- 4. All applications must be properly bound on the left by a clear plastic report folder. Please do not staple.
- 5. The applicant shall prepare a statement **RESTRICTED to 150 words or less**, setting forth his/her vocational or professional goal. Relate how past, present, and future activities make the accomplishment of this goal probable. This must be **typed**, properly signed, and enclosed with all supporting materials. The application will be disqualified if the essay is not included and properly signed.
- 6. A current dated and signed recommendation, RESTRICTED to 150 words or less, from the Principal or Counselor in authority and from one teacher at the school the applicant is currently attending is required. Each recommendation must be enclosed in a sealed envelope, signed over the seal, and returned to the student for enclosure in the scholarship packet.
- 7. Include one letter of endorsement from a responsible community (NON-SCHOOL) person. This person should not be related to the applicant but can be a businessperson, minister, or civic leader. The person should be capable of reporting the applicant's participation in the community in terms of work service, leadership, notable skills, and outstanding recognition. Do refer to school accomplishments. This should be enclosed in a sealed envelope, signed over the seal, and returned to the student for enclosure in the scholarship packet.







Lincoln, IL 62656

P.O. BOX248

#### INSTRUCTIONS CONTINUED

- 8 All parts of the application (application, principal's/counselor's statement, teacher's statement, non-school endorsement, and official transcript) must be enclosed in one packet and must be returned to the Scholarship committee at the Grand Lodge office at 845 Wyatt Ave. P.O. Box 248, Lincoln, IL 62656-0248 (before the March 1st deadline). Please allow ample mail delivery time! It is the responsibility of the applicant to consolidate all materials in one packet.
- 9. Applicant must be a resident of Illinois and a citizen of the United States. If applicant is a naturalized citizen, proof of citizenship must accompany application.
- 10. Only those chosen to receive awards will be notified by the end of June. Anyone wishing a list of recipients must enclose a self-addressed stamped envelope.
- 11. Attach a copy of your most recent Federal 1040 Forms for the supporting parents is required. Illinois 1040 or W2's are NOT acceptable. Required pages are only the page showing adjusted gross income and dependants. This information is for verification purposes only. Failure to do so will disqualify your application. Please black out SS#'s. We need 1040 from Both Supporting Parents if they are Divorced or Separated.
- 12. You do not have to be an Odd Fellow or Rebekah member to complete this application. Only Odd Fellow and Rebekah members (self, or Supporting Parents, or Supporting Grandparents) must submit a Lodge Certification letter under the Seal of the Lodge. Failure to do so will lead to your application being disqualified.
- 13. The Application must be signed by parents and applicant. This application is strictly confidential, no financial information will be shared from your application. However, if your student is not chosen share the following information with lodges in your area that are giving scholarships from the local lodge. We will share your essay, the student's name and phone number, the parent's names, school information & phone number, the number of dependents, and the number of dependents currently in college. This will give your student a greater chance of receiving a scholarship from the Odd Fellows and Rebekahs.
- 14. The Illinois Odd Fellow Rebekah Scholarship Program will not discriminate against any individual on the basis of disability, age, ethnicity, gender, race, sexual orientation, religion or other social identity.







Lincoln, IL 62656

#### GENERAL INSTRUCTIONS

## PLEASE FOLLOW DIRECTIONS CAREFULLY AND COMPLETELY, FAILURE TO DO SO WILL RESULT IN REJECTION OF APPLICATION

## FOR COLLEGE STUDENTS OR STUDENTS RETURNING TO COLLEGE OR VOCATIONAL SCHOOLS LATER IN LIFE

- 1. Applicant must use the current official Odd Fellow-Rebekah scholarship form which must be dated and signed by the Student, parent(s), or guardian(s) and lodge official(s) where applicable.(see instruction 12) All applications and statements are required to be signed. Typewritten applications are preferred or must be legibly handwritten. A recent photograph of the applicant, with a signature on the reverse side, must be firmly attached to the application.
- 2. Applications and all supporting documents must be in English.
- 3. An official transcript of the student's records of a school of higher education, or a current transcript, must be submitted. Records may be photocopies that bear an original signature or seal of the proper authority.
- 4. All applications must be properly bound on the left by a clear plastic report folder. Please do not staple.
- 5. The applicant shall prepare a statement **RESTRICTED to 150 words or less**, setting forth his/her vocational or professional goal. Relate how past, present, and future activities make the accomplishment of this goal probable. This must be **typed**, properly signed, and enclosed with all supporting materials. The application will be disqualified if the essay is not included and properly signed.
- 6. A current dated and signed recommendation, RESTRICTED to 150 words or less, from the two College Professors or Instructors in authority at the school the applicant is currently attending is required. Each recommendation must be enclosed in a sealed envelope, signed over the seal, and returned to the student for enclosure in the scholarship packet.
- 7. Include one letter of endorsement from a responsible community (NON-SCHOOL) person. This person should not be related to the applicant but can be a businessperson, minister, religious official, or civic leader. The person should be capable of reporting the applicant's participation in the community in terms of work service, leadership, notable skills, and outstanding recognition. Do not refer to high school accomplishments. This should be enclosed in a sealed envelope, signed over the seal, and returned to the student for enclosure in the scholarship packet.







#### INSTRUCTIONS CONTINUED

- 8. All parts of the application (application, Professors or Instructors statement, teacher's statement, non-school endorsement, and official transcript) must be enclosed in one packet and must be returned to the Scholarship committee at the **Grand Lodge office at 845 Wyatt Ave. P.O. Box 248, Lincoln, IL 62656-0248** (before the March 1st deadline). Please allow ample time for mail delivery time! It is the responsibility of the applicant to consolidate all materials in one packet.
- 9. Applicant must be a resident of Illinois and a citizen of the United States. If the applicant is a naturalized citizen, proof of citizenship must accompany the application.
- 10. Only those chosen to receive awards will be notified by the end of June. Anyone wishing a list of recipients must enclose a self-addressed stamped envelope.
- 11. Attach a copy of your most recent Federal 1040 Forms or from the supporting parents is required. Illinois 1040 or W2's are NOT acceptable. Required pages are only the pages showing adjusted gross income and dependants. This information is for verification purposes only. Failure to do so will disqualify your application. Please black out SS#'s. We need 1040 from Both Supporting Parents if they are Divorced or Separated.
- 12. You do not have to be an Odd Fellow or Rebekah member to complete this application. Only Odd Fellow and Rebekah members (self, or Supporting Parents, or Supporting Grandparents) must submit a Lodge Certification letter under the Seal of the Lodge. Failure to do so will lead to your application being disqualified.
- 13. The Application must be signed by supporting parents and the applicant. This application is strictly confidential, no financial information will be shared from your application. We will however if your student is not chosen to share the following information with lodges in your area that are giving scholarships from the local lodge. We will share your essay, the student's name and phone number, the parent's names, school information & phone number, the number of dependents, and the number of dependents currently in college. This will give your student a greater chance of receiving a scholarship from the Odd Fellows and Rebekahs.
- 14. The Illinois Odd Fellow Rebekah Scholarship Program will not discriminate against any individual on the basis of disability, age, ethnicity, gender, race, sexual orientation, religion or other social identity.







Lincoln, IL 62656

#### Application of Required Facts

### BASED ON FINANCIAL NEED AND SCHOLASTIC ABILITY preparing this application, it is recommended that the procedure outlined in the General

| Name:   |                   |                     |                |                 |                | _ Address:_                           |          |
|---|-------------------|---------------------|----------------|-----------------|----------------|---------------------------------------|----------|
| Name:   |                   |                     | Phone ( )      |                 | City:          | State:_Zip                            | o:       |
| was a second and a second a second and a second a second and a second | County:           | and the second      |                | DOB:Pl          | ace of Birth   |                                       |          |
|   | Age:              |                     | Sex:           | Illinois Re     | esident (Yes/N | lo)_U.S. Citiz                        | zen      |
| (Yes/No)  |                   |                     |                |                 |                |                                       |          |
| Naturalized Citizen (Y  | /es/No)           | (If yes, Veri       | fication docu  | mentation is    | required)      |                                       |          |
| Are you a member of the Independent Order of Odd Fellows?Rebekahs?  |                   |                     |                | hs?             | If so,         | give t                                |          |
| name and number of t  | he Lodge and lo   | cation:             |                |                 |                | (Attach                               |          |
| verification from the l   | odge Secretary,   | under seal of the   | Lodge)         |                 |                |                                       |          |
|   |                   |                     | HOLASTIC       |                 |                |                                       |          |
| Present educational le  |                   | east a High Scho    | ol Senior. Hi  | gh School:      |                |                                       |          |
| I' C-11   | Senior            | C 1                 |                |                 |                |                                       |          |
| Junior College:<br>College/University:  | Freshman          |                     | Iunior         | Canior          | Other          |                                       |          |
| Conege/Oniversity.  |                   | Sophomore           | Jumoi          | Scillor         | Other.         | 777                                   |          |
| Current School Name:  |                   |                     | Address:       |                 |                |                                       |          |
| City:   |                   | State:              |                |                 |                | Zip:                                  | <u> </u> |
| Please ensure a copy of your personal essay.  | of your current s | school grade trans  | script is subm | itted to the S  | cholarship Cor | mmittee. Also                         | o submi  |
|   | EXTR              | A CURRICULAI        | R ACTIVITE     | S (School Re    | elated)        |                                       |          |
|   |                   | everse side of thi  |                |                 |                |                                       |          |
|   |                   |                     |                |                 |                |                                       |          |
| Honors and Awards (S  | State year and n  | ature of honor or   | award):        |                 |                |                                       |          |
| Offices and positions   | of leadership (st | ate name of orga    | nization pos   | ition and year  | .).            | MICHAEL COLOR SPACE COM               |          |
| Offices and positions   | ox readership (se | 1111110 01 0161     | inzation, poor | titon una y cui |                |                                       |          |
| Member of Organizati  | ons where no o    | ffice held (state n | ame of Organ   | nization and y  | year):         | mpulage manager and all the distance. |          |
|   |                   |                     |                |                 |                |                                       |          |
| List Memberships/Inv  | olvement in Co    | mmunity Work o      | r Volunteer A  | Activities:     |                |                                       |          |
|   | ganization        | -                   |                | Activity        | Ye             | ear                                   |          |
|   |                   |                     | *****          |                 |                |                                       |          |
|   |                   |                     |                |                 |                |                                       |          |
|   |                   |                     |                |                 |                |                                       |          |

#### Illinois Odd Fellow-Rebekah Scholarship Award FINANCIAL RESOURCES

| Have you been granted scholarship  | o aid?if s  | o give details:  |  |  |
|--|---|--|--|--|
| Employment positions   | Periods of er   | mployment  | Average time each we   | eek  |
|  |   | прюутся  | Average time each we   |  |
|  |   |  |  |  |
| <u>P</u>   | ARENTAL FINAN   | CIAL ANALYSI   | <u>IS</u>  |  |
| (To be completed by parent(s)/gu<br>Applicants not dependent on par  |   |  |  | dian(s) for financial suppor   |
| Supporting Parent/Father (Guardia  | an)   | to the second se | n - Commented  |  |
|  | Name  |  | Age  | Occupation   |
| Address  | -   |  |  |  |
| Street   | City  | State  | 2  | Zip  |
| Supporting Parent/Mother(Guardia   |   | Access to the second se | - Andrews -  |  |
|  | Name  | Age  | Occupation   |  |
| Address  |   |  | · · · · · · · · · · · · · · · · · · ·  | <del></del>  |
| Street   | City  | State  |  | Zip  |
| Father's present annual gross income   | me <b>5</b>   | Notifer's 5  |  |  |
| ATTACH COPY OF MO  |   |  |  |  |
|  |   |  | COME FOR VERIFICAT   | TON ONLY.  |
| Total number of dependents ( <u>Do n</u>   |   |  |  |  |
| Number of above dependents prese   |   |  |  |  |
| Are you (father/mother) members  | -   |  |  |  |
| number and location of the Lodge.  |   |  |  | Include a letter of  |
| Certification under the seal of the  | Lodge. See instruction  | n 12.  |  |  |
| Father's (Guardian's) present empl   | loyment   |  | The second secon | The second secon |
| Mother's (Guardian's) present emp  | oloyment  |  |  |  |
| Any further comments that you can single parent, financial situation, et   |   |  |  |  |
|  | If more space is r  | needed use the bac   | ck side of this sheet.   |  |
| If you sign below you allow your under the age of 18. It also allows phone number, Parent's names, Failure to sign this application will | student's picture to b<br>us to share the follow<br>School currently at | e placed in Local<br>ving information<br>tending, number   | newspaper articles if they with local lodges in your a   | rea: Student's name and  |
| Signed:  | Signed.   |  | Signed:  |  |
| Father/Guardian  | Mothe   | er/Guardian  | Signed:Student   |  |

DISQUALIFIED IF NOT COMPLETED AND SIGNED
ALL FINANCIAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL
11/5/2024

#### Illinois Odd Fellow-Rebekah Scholarship Award

#### APPLICANT'S FINANCIAL RESOURCES

#### TO BE COMPLETED BY APPLICANTS WHO ARE NOT DEPENDENT ON PARENT(S)/GUARDIAN(S) FOR FINANCIAL SUPPORT.

| Have you been gran  | ited scholarship aid                 | 1?                  | if so give details: _ | To progress the same |                            |
|---|--------------------------------------|---------------------|-----------------------|----------------------|----------------------------|
| Employment positions  | Period                               | s of employme       | ent Aver              | age time each wee    | k                          |
|   |                                      |                     |                       |                      |                            |
|   | APPLICANT'S                          | FINANCIAL           | ANALYSIS              |                      |                            |
| Applicant   |                                      |                     |                       |                      |                            |
| Nam   | ie                                   | Age                 | Occupation            | Ĺ                    |                            |
| Address   |                                      | - 27                | Ct-t-                 | 7:                   |                            |
| Street  | City                                 |                     | State                 | Zij                  | p                          |
| SpouseNam   | ie                                   | Age                 | Occupation            |                      |                            |
| Address   |                                      |                     |                       |                      | war name (for a section of |
| Street Applicant's present annual gross   | City                                 | C                   | State                 | Zij                  | ρ                          |
| PAGES ONLY R  Total number of dependents (D   | EFERRING TO                          | DEPENDA<br>VERIFICA | TION ONLY.            |                      |                            |
| Number of above dependents pr   |                                      |                     |                       |                      |                            |
| Are you or your spouse member   |                                      | - Water Make        |                       | Rebekahs?            | If so give name,           |
| number and location of the Lod  | -                                    |                     |                       |                      |                            |
| Certification under the seal of   | the Lodge.                           |                     |                       |                      |                            |
| Applicant's present employmen   | t                                    |                     |                       | Spo                  | ouse's present             |
| employment  |                                      |                     |                       | Any fi               | urther comments            |
| that you care to make regarding   | -                                    |                     |                       |                      |                            |
| single parent, financial situation  |                                      |                     |                       |                      |                            |
|   |                                      |                     | se the back side of t |                      |                            |
| If you sign below you allow you under the age of 18. It also allo phone number, Parent's nam Failure to sign this application | ws us to share the es, School curren | following info      | rmation with local    | lodges in your are   | a: Student's name and      |
| Signed:   |                                      | Signed:<br>Spouse   |                       |                      | Applicant                  |
|   |                                      | spouse              |                       |                      |                            |

<u>DISQUALIFIED IF NOT COMPLETED AND SIGNED</u>
ALL FINANCIAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

## ILLINOIS ODD FELLOW-REBEKAH SCHOLARSHIP AWARD Please use this form only. If additional space is needed use reverse side. IF POSSIBLE USE TYPEWRITEROR COMPUTERONLY.

#### PRINCIPAL'S/COUNSELOR/INSTRUCTOR STATEMENT

<u>PLEASE NOTE:</u> This statement must be returned to the student <u>NO LATER</u> <u>THAN FEBRUARY</u> 15<sup>TH</sup> enclosed in a sealed envelope with signature across the seal.

| Co | ncerning:   |          | Date:                    |                       |                               |
|----|---|----------|--------------------------|-----------------------|-------------------------------|
|    | Student's name  |          |                          |                       |                               |
| 1. | Is the applicant a student in good s  | tanding? | ?                        |                       |                               |
| 2. | Date of his/her graduation  |          | Current grad             | le point Avera        | ge                            |
| 3. | For assistance of the Scholarship C system, if not clarified on the trans   |          | ee, please explai        | n your present        | grading                       |
| 4. | In your opinion, what are the stude school of his/her choice? Excelle   |          | nces of completi<br>Good | ng college or<br>Fair | vocational<br>Poor            |
| 5. | Please, <u>RESTRICT</u> your comments to 150 words or less on the qualifications and need of this applicant for a scholarship award. This will be kept strictly confidential. |          |                          |                       |                               |
|    |   |          |                          |                       |                               |
|    |   |          |                          |                       |                               |
|    |   |          |                          |                       |                               |
|    |   |          |                          |                       |                               |
|    |   |          |                          |                       |                               |
| 6. | PLEASE NOTE: An official copy sealed in the envelope with this sta  |          | student's transcri       | pt is required        | and can be                    |
|    | Sign  | ned:     |                          |                       |                               |
|    | T   | itle:    |                          | - the suspense of a   |                               |
|    |   |          | 03.44 <b>0</b> 3945.44   |                       |                               |
|    |   |          |                          |                       | a comment and a comment and a |

# ILLINOIS ODD FELLOW-REBEKAH SCHOLARSHIP AWARD Please use this form only. If additional space is needed use reverse side. IF POSSIBLE USE TYPEWRITER OR COMPUTER ONLY.

#### TEACHER/PROFESSOR/INSTRUCTOR STATEMENT

| PLEASE NOTE: This statement must be returned to the student NO LATER  THAN FEBRUARY 15 <sup>TH</sup> enclosed in a sealed envelope with signature across the seal. |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Concerni   | ng: Date:  |  |  |  |  |  |
| Concern  | Student's name   |  |  |  |  |  |
| 1.   | In your opinion to what extent do you consider this applicant a worthy candidate for a scholarship? Please <b>RESTRICT</b> your comments to 150 words or less. |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  | Signed:  |  |  |  |  |  |
|  | Title:   |  |  |  |  |  |
|  | Address:   |  |  |  |  |  |

#### ILLINOIS ODD FELLOW-REBEKAH SCHOLARSHIP AWARD

Please use this form only. If additional space is needed use reverse side.

#### IF POSSIBLE USE TYPEWRITEROR COMPUTERONLY.

#### **NON-SCHOOL ENDORSEMENT STATEMENT**

(This statement will be disqualified if completed by school official or teacher. Please do not refer to academic or school related activities.)

<u>PLEASE NOTE:</u> This statement must be returned to the student <u>NO LATER THAN</u> FEBRUARY 15<sup>TH</sup> enclosed in a sealed envelope with signature across the seal.

| This statement should attest to the leadership, notable skills, and outs | e student's participation in the community in standing recognition. | terms of work, service,         |
|--|---|---------------------------------|
| Concerning:  | Date:   | Student's name                  |
| 1. In your opinion to what extent of RESTRICT your comment to            | do you consider this applicant a worthy cand to 150 words or less.  | idate for a scholarship? Please |
|  |   |                                 |
|  |   |                                 |
|  |   |                                 |
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