



Lois Jackson Newman Youth Fund

APPLICATIONS MUST BE COMPLETED AND MAILED NO LATER THAN APRIL 1

Recipients will be notified by May 15 and checks mailed to the college by August 15.

In space at end please list names and addresses of any NEWSPAPERS you wish to have notified for a press release.

NAME:							AGE:	
SOCIAL SECURITY NUMBER:		-		-				
ADDRESS:								
CITY:					STATE:		ZIP:	
PHONE:	()					
MASONIC YOUTH ORGANIZATION:		DEMOLAY		JOB'S DAUGHTERS		RAINBOW		
NAME/LOCATION CHAPTER, BETHEL, or ASSEMBLY:								
RELATIONSHIP to EASTERN STAR MEMBER				SON		DAUGHTER		
PARENT'S NAME:								
OES CHAPTER NAME & NUMBER:								
CHAPTER LOCATION:								
HIGH SCHOOL NAME:								
HIGH SCHOOL LOCATION:								
SCORE ON NATIONALLY RECOGNIZED COLLEGE ENTRANCE EXAM								
ACT:		SAT:		CAT:		OTHER:		
LIST HIGH SCHOOL ACTIVITIES, OFFICES HELD & HONORS RECEIVED								
CIVIC/COMMUNITY and CHURCH ACTIVITIES PARTICIPATED IN – SPECIFY DATES								



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COLLEGE SELECTED:					
CITY:				STATE:	ZIP:
PHONE:	()				
COLLEGE MAJOR:					
CAREER GOAL:					
<p>Use this space for a brief HANDWRITTEN essay explaining the importance of higher education to you and why you feel you would be a good candidate for this scholarship. (use extra paper if necessary)</p>					
<p>REFERENCES: List two (2) individuals [not immediate family] who can provide information about your worthiness for a scholarship. Please ask for a written recommendation from both references.</p>					
NAME:					
ADDRESS:					
CITY:				STATE:	ZIP:
PHONE:	()				
NAME:					
ADDRESS:					
CITY:				STATE:	ZIP:
PHONE:	()				

PLEASE SEND COMPLETED APPLICATION TO:

Donna Hagerty, Chairman
316 Pinnell Dr
Lee's Summit, MO 64081