




Lois Jackson Newman Youth Fund 

Information Concerning Application for a

LOIS JACKSON NEWMAN YOUTH FUND SCHOLARSHIP

The applicant may secure an application from the chairman of the Lois Jackson Newman Youth Fund or from the Missouri OES website at "missourioes.org".

Applicants must be a member of a Masonic Youth Organization in the state of Missouri known as the Order of DeMolay, Job's Daughters International or the International Order of Rainbow for Girls, or the son or daughter of a member of the Order of the Eastern Star up to the age of 21.

After completing the application, the applicant must send to the Chairman of the Lois Jackson Newman Youth Fund by April 1st the following:

1. The Complete Application.
2. A High school transcript (if the application is made after starting college and before age 21, also include a college transcript).
3. Two (2) letters of recommendation, and
4. A photograph


Applications must be completed and mailed no later than April 1st. Recipients will be notified by May 15th and checks will be mailed to the chosen colleges by August 15th.

Recipients must apply each year for further scholarships

THE LOIS JACKSON NEWMAN YOUTH FUND

Mr. Bob Detherow, Chairman
3318 S. Elmira
Springfield, MO 65807
Phone: 417-894-7734



Lois Jackson Newman Youth Fund 

SCHOLARSHIP APPLICATION

Amount of Scholarship: \$500

NAME: _____ AGE: _____

SOCIAL SECURITY NO. _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

I am a member of: (check appropriate line)

DeMolay: Job's Daughters: Rainbow:

Name and location of Chapter, Bethel or Assembly

Relationship to Eastern Star member: Son: Daughter:

Parent's Name: _____

OES Chapter and No.: _____

Location: _____

High School Information: Name: _____

Location: _____

SCORE ON NATIONALLY RECOGNIZED COLLEGE ENTRANCE EXAM

ACT: _____ SAT: _____ CAT: _____ OTHER: _____

List high school activities in which you participated. Also, list offices held and honors received.

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List civic/community and church activities in which you have participated. Please specify dates.

COLLEGE SELECTED: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

COLLEGE MAJOR: _____

CAREER GOAL: _____

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.)

REFERENCES: List two individuals (not immediate family) who can provide information about your worthiness for a scholarship. Please ask both of these references to provide a written recommendation for you.

NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

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Please enclose your HIGH SCHOOL TRANSCRIPT, REFERENCES and a PHOTOGRAPH along with your application form.

APPLICATIONS MUST BE COMPLETED AND MAILED NO LATER THAN **APRIL 1** . Recipients will be notified by May 15 and checks will be mailed to the college by August 15.

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