

Order of the Eastern Star Educational Scholarship

Name _____

Address _____

City & State _____ Zip _____

Telephone _____

Intended medical field of study: _____

Tell something about yourself and your background.

Tell something about your family background.

Tell about your plans for the future.

What school will you attend? _____

Why do you deserve this scholarship?

What is your GPA? _____

This is due on April 15th. Give to Mr. Kumor _____
