



GRAND LODGE
BENEVOLENT, PATRIOTIC ORDER OF DOES
of the
U.S.A.

Application for Grand Lodge Academic and Merit Scholarship

What is the name of the DOE to whom you are related? _____

If the DOE to whom you are related to is deceased, please provide the date of death. _____

What is your relationship to that DOE? _____

Name of Drove and Drove Number of the DOE: _____

Applicant's Name: _____ Phone: _____ Email: _____

Applicant's Address: _____

Parent's Name: _____ Phone: _____ Email: _____

Parent's Address: _____

Last school attended: _____ Year Graduated? _____

If under 18, name of parent or legal guardian (proof of guardianship required):

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Address: _____

Parent/Legal Guardian's Phone Number: _____ Email: _____

Student's employer: _____ Years Employed: _____

- Average **number of hours** worked each week: During School: _____ Summer: _____

Student's volunteer organization(s) (Attach a separate sheet if needed):

- Average **number of hours** volunteered each week: During School: _____ Summer: _____



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List all organizations you have belonged to in high school or college, including offices held and honors received.
(Attach a separate sheet if needed)

List all community activities such as church and civic activities. (Attach a separate sheet if needed)

Have you been accepted by a college, if so, name and address:

If you are already attending college, what year will you be entering in the fall? Year 1 2 3 4

In your own words, write a short history about yourself and your prospective goals. Please attach a separate sheet.

By signing below, you understand and agree, if you leave school, you will be required to return a pro rata share of the funds received.

Applicant's Signature

Date

When filling out your application, do not leave any questions unanswered. If the question pertains to a number, do not enter various or a number range, i.e. 5 – 10 (incorrect) 5 (correct). **You must include the following:** A copy of an **official** transcript (**sealed**) from your most recent school. A letter of recommendation from **two or more**, i.e., principal, administrator, pastor, guidance counselor, teacher, employer, etc. This **excludes** any recommendation from a family member. **Documentation** of all honors, awards, and volunteer services (copies accepted). Confirmation of volunteer hours must be on the organization's **letterhead and signed by a supervisor**. Confirmation of work hours must be on the organization's **letterhead and signed by a supervisor**.

This application is invalid if it is not filled out in full and signed!

Mail application to: PSP Trill Norris, 1737 Mulmar Street, Charleston, SC 29407