

# Pat Rasmusson Continuing Education Scholarship Program

## Minnesota Grand Chapter Order of the Eastern Star

### To the Applicant:

1. **All sections of this application** must be accurately completed and post-marked **no later than February 15, printed clearly and filled out in black ink**. If this application is not complete, the Scholarship Committee will not consider the application.
2. The applicant's **Personal Statement** should describe your goals for the future and financial need.
3. A member of the Order of the Eastern Star that recommends you for the scholarship should complete the **Personal Reference**. If you are a member of a Chapter in Minnesota, please have your Worthy Matron or Worthy Patron provide this reference.
4. Someone that can attest to your academic ability and achievement should complete the **Academic Recommendation**. A **current** academic advisor, teacher, instructor or professor should provide this recommendation.
5. The **Employer/Volunteer Supervisor**, who can attest to the applicant's work ethics, self-motivation, and/or other work related attributes, should complete this recommendation.
6. Please enclose a **Transcript** from a post-secondary school including the most recent grading period.
7. **All Documents (Items #1-#6) are to be submitted in ONE envelope to the Chair of the Scholarship Committee, or emailed to the Chair.**
8. There are no restrictions as to race, creed, national origin or relationship to any member of the Order of the Eastern Star.
9. All information will be kept confidential and will be used only by the Scholarship Committee. All academic transcripts and other documents will be destroyed following selection of recipients.

### Purpose of the Pat Rasmusson Continuing Education Scholarship Program:

Scholarships are to be used to help applicants continue their education and attain academic achievement through technical-vocational training, the liberal arts, or preparation for professional specializations. Scholarships will be awarded in May and are to be used by students during the next academic year.

**These scholarships are *not* intended for graduating high school seniors or for education in religious fields.** Separate scholarship programs exist for these purposes.

### APPLICATION FOR: PAT RASMUSSON CONTINUING EDUCATION SCHOLARSHIP

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Applicant's Last Name                      First Name                      Middle Name                      Phone Number                      E-mail

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Home Address - Street or Route                      City                      State                      Zip Code

Date of Birth \_\_\_\_\_ Are you a citizen of the United States? \_\_\_\_\_ If not, what country? \_\_\_\_\_

Educational Achievement to Date (Graduation Date and Grade Point Average or Credits Earned and Grade Point Average)

High School \_\_\_\_\_ College/University \_\_\_\_\_ Technical/Vocational School \_\_\_\_\_

The school you wish to attend next year to achieve your goals (provide the complete name and address of the school):

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Have you been accepted to this school? \_\_\_\_\_ Are you currently enrolled at this school? \_\_\_\_\_

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Applicant's Last Name

First Name

Middle Name

**PERSONAL STATEMENT:** Please print in black ink. Describe your personal goals and financial need. Also include information about school activities, volunteer work/community service, and paid employment. You may print on another page, if needed, and attach to this page.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Applicant's Last Name

First Name

Middle Name

**PERSONAL REFERENCE:** To be completed by the Eastern Star member recommending the Applicant – or – if the applicant is a member of an Eastern Star Chapter in Minnesota, the Worthy Matron or Worthy Patron of her/his chapter.

Please describe how you know this applicant and why you believe she/he possesses the qualities desirable of an applicant for a Pat Rasmusson Continuing Education Scholarship and has the potential for successful attainment of her/his educational goals. Please print in black ink. You may print on another page, if needed, and attach to this page.

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Name of Reference

Address

Telephone

Chapter Name/No.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Applicant's Last Name

First Name

Middle Name

**ACADEMIC RECOMMENDATION:** To be completed by student's most recent academic advisor, teacher, instructor or professor that can attest to the applicant's academic ability and achievement.

Please describe how you know this applicant, why you believe she/he possesses the qualities desirable of an applicant for a Pat Rasmusson Continuing Education Scholarship, and why she/he has the potential for successful attainment of her/his educational goals. Please print in black ink. You may print on another page, if needed, and attach to this page.

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Name/Title Recommender

Address

Telephone

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Applicant's Last Name

First Name

Middle Name

**Employer/Volunteer Supervisor Recommendation:** To be completed by a recent employer or volunteer supervisor that can attest to the applicant's work ethics, self-motivation, and/or other work related attributes.

Please describe how you know this applicant, why you believe she/he possesses the qualities desirable of an applicant for a Pat Rasmusson Continuing Education Scholarship, and why she/he has the potential for successful attainment of her/his educational goals. Please print in black ink. You may print on another page, if needed, and attach to this page.

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Name/Title Recommender

Address

Telephone

Signature \_\_\_\_\_ Date \_\_\_\_\_