The Rebekah Assembly of Massachusells

Independent Order of Odd Fellows Memorial Scholarship Application

Name	Telephone
Address	City
High School	Year of Graduation
Colleges Applied to	
Collages Accepted to	
Career Option	
FAMILY PROFILE	
Parent / Guardian	Address
	Income
Mother's Employer	Income
Total Number of Persons Dependent on Parents(Ple	
he Following Information Applies to the High School Years Of	NLY
Do You Have A Paying Job () Yes () No If So Where?	
List any Volunteer Work (Church, Community, Hospital, Etc.)	
School Activities (Sports, Clubs, Groups, Offices)	
List Any School Awards, Scholarship or Honors	
List Any Outside of School Awards (Scouting, D.A.R, Etc.)	
Family Affiliation With The Rebekahs or Odd Fellows () No	()Yes Who?
mportant <u>ALL</u> Of The Following Information must	Accompany This Application
 Statement of Need of a Scholarship (I 	
One (1) Adult Personal Letter of Refer	
3) Two (2) Educational Letter of Referen	
4) Academic / Scholastic Record From H	· *
5) Personal Statement Explaining Your G	Goals, Financial Status, Members of your Family
Return Application To:	Signature Of Applicant
	O
Wendy Baker	
18 Wedgewood Drive	Signature Of Parent / Guardian (Application NOT Considered Without Signature)
Chelmsford, MA 01824	

All Applications Must Be Postmarked No Later Than March 30, 2021.

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Signature Of Application	्राजी काली कुमानुष्य सम्बद्धाः
	Wendy Baker
Signature Of Parent / Guardian (Application IyOT Considered Without Signature)	18 Wedgewood Drive Chebristoni, MA 01824

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