

## GENERAL INFORMATION TO APPLICANTS AND TO SPONSORING CHAPTERS

### REQUIREMENTS:

1. Must be a resident of the State of Florida for a minimum of FIVE (5) years.
2. Must be a member of a Florida O.E.S. Chapter for at least FIVE (5) years, or be the son, daughter, grandson or granddaughter of a member meeting this qualification .
3. Preference is given to applicants who have completed two (2) years of their college training.
4. Preference is given to applicants attending schools in the State of Florida.
5. Special attention is given to each area of the State when approving the awards.
6. No student may receive an award for more than FOUR (4) years.

### MAXIMUM:

The maximum amount which can be approved for any Student Award is \$2,000.00 per year, payable in two payments.

A maximum of four (4) years for any one student can be awarded.

### MUST BE SUBMITTED WITH APPLICATION:

1. Application must have Chapter Seal affixed and be signed by the Worthy Matron and the Secretary. Also, a letter of recommendation from the sponsoring chapter must accompany application.
2. A transcript of Applicant's grades for the last semester/term. Student must maintain a "B" (3.0) or higher overall average.
3. A copy of letter of acceptance from the school.
4. Three (3) letters, referring to character and financial need. Letters cannot be accepted from family members.
5. A personal letter from the Applicant giving the Degree or Vocation she/he is seeking.

The Application and the above supporting documents will be reviewed by the members of the Main Committee of S.H.E.A.F.

### STUDENT RENEWAL RESPONSIBILITY

After an application has been approved by the Committee and the first payment has been made, the second or any subsequent payments will be conditional upon a WRITTEN REQUEST from the student, WRITTEN AFFIRMATION from the sponsoring chapter, under Seal, of their continuing support and an OFFICIAL TRANSCRIPT of grades for the preceding semester has been received by the S.H.E.A.F. Chairman. The transcript **MUST** be requested by the student **IMMEDIATELY** at the end of each grade period.

## S.H.E.A.F. GRANT FUND

The purpose of the Student Higher Education Fund (S.H.E.A.F.) is to assist deserving students to pursue a higher education. Students eligible for the awards are members in good standing of a subordinate chapter of the Order of the Eastern Star in Florida or their daughters, sons, granddaughters or grandsons. This eligibility includes daughters, sons, granddaughters or grandsons of deceased members who were in good standing at the time of their death.

The student and the member on whose eligibility they are applying must be residents of the State of Florida for no less than the last five years and a member of a Florida O.E.S. chapter for the preceding five years.

The student must submit verification of acceptance in an accredited college, university, vocational, technical or commercial school preferably in the State of Florida.

Preference is given to students who are members of the Order or who have a parent who is a member.

Also, preference is given to undergraduate students who have completed two years of their higher education and who are classified as a Junior or a Senior.

Special attention is given to each area of the state in making the awards and no more than one student should be sponsored by a chapter.

All applicants must have an overall grade point average of a no less than 3.0 and must maintain this academic level to be awarded an additional grant.

It is necessary for the student to be sponsored by a Florida O.E.S. Chapter and the necessary application must be signed by the Worthy Matron and the Secretary and be under the seal of the chapter.

Each semester the applicant must request in writing sponsorship from the O.E.S. chapter. The Secretary will send the student's request and the chapter's approval under Seal to the Chairman of S.H.E.A.F.

The number of grants awarded annually is dependent upon funds available. The principal amount in the fund will be no less than \$50,000.00. The committee has been directed to assign no more than \$5,000.00 over the amount raised the preceding Grand Chapter year. Love gifts, memorials, donations and contributions are some of the sources of revenue for the S.H.E.A.F. account.

The first stated meeting in November is designated as S.H.E.A.F. Night and the donations and silver drills given at this meeting largely determine the funds raised for the year.

Applications completely filled out and accompanied by required references, official transcript, a letter of acceptance from the college and letter from the student and the sponsoring chapter are submitted to the Chairman of S.H.E.A.F. no later than May 1 for students requesting assistance for the Fall Semester.

STUDENT HIGHER EDUCATION AWARD FUND

NAME OF APPLICANT \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

Mailing Address : Street City State Zip Code Phone#

PERMANENT ADDRESS \_\_\_\_\_

Street City State Zip Code Phone #

DATE OF APPLICATION \_\_\_\_\_ (Must be submitted no less than 90 days prior to date needed)

(Answer the following. Each questions must be fully answered):

1. Have you or your parents been a continuous resident of the State of Florida for the last 5 years? \_\_\_\_\_
2. Have you or your parents been a continuous member of a Florida O.E.S. Chapter for the last 5 years? \_\_\_\_\_
3. Name the person on whose membership in Fla. O.E.S. you are seeking this grant: \_\_\_\_\_ What is your relationship to this person? \_\_\_\_\_ Give chapter name and number of this person \_\_\_\_\_  
Give the total number of years of continuous membership in a Fla. O.E.S. Chapter for this person: \_\_\_\_\_
4. Are you a member of a Florida O.E.S. Chapter? \_\_\_\_\_ Give chapter name and number \_\_\_\_\_
5. Give Parents Occupation \_\_\_\_\_  
List any jobs you may have \_\_\_\_\_
6. List number in your family living at home. Give ages \_\_\_\_\_
7. Approximate Household Family Income \_\_\_\_\_

AMOUNT OF AWARD REQUESTED: Maximum of \$2000 per year for a maximum of 4 years)

- (A) Per Semester: \_\_\_\_\_
- (B) Total for the year: \_\_\_\_\_
- (C) Is this for partial assistance? \_\_\_\_\_
- (D) Do you have a Scholarship? \_\_\_\_\_ Give amount and source? \_\_\_\_\_
- (E) Have you applied for other grants? \_\_\_\_\_ Please list: \_\_\_\_\_
- (F) Have you been rejected? \_\_\_\_\_
- (G) First installment needed: \_\_\_\_\_

SCHOOL TO ATTEND: \_\_\_\_\_  
(State whether a College, University, Professional or Vocational-Technical School)

COLLEGE STATUS: (Should be a Junior or Senior) \_\_\_\_\_

8. Has application been accepted? \_\_\_\_\_
9. Chapter sponsoring applicant: \_\_\_\_\_ Location of chapter: \_\_\_\_\_
10. Signature of applicant: \_\_\_\_\_

(CHAPTER SEAL)

\_\_\_\_\_  
Worthy Maton

\_\_\_\_\_  
Secretary

PRE-SCREENING OF S.H.E.A.F. APPLICATIONS

Name: \_\_\_\_\_ Sponsoring Chapter: \_\_\_\_\_

Person whose membership they are applying under: \_\_\_\_\_

University: \_\_\_\_\_ Year in School: \_\_\_\_\_

Major: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

What other financial aid do they receive: \_\_\_\_\_

\_\_\_\_\_

Something about student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_