



The Illinois Odd Fellow-Rebekah  
*Scholarship Award*  
Independent Order of Odd Fellows  
(217) 735-2561

P.O. BOX248

Lincoln, IL62656

GENERAL INSTRUCTIONS

PLEASE FOLLOW DIRECTIONS CAREFULLY AND COMPLETELY, FAILURE TO  
DO SO WILL RESULT IN REJECTION OF APPLICATION

1. Applicant must use the current official Odd Fellow-Rebekah scholarship form which must be dated and signed by the Student, parent(s) or guardian(s) and lodge official(s) where applicable. **All applications and statements are required to be signed. Typewritten applications are preferred or must be legibly handwritten.** A recent photograph of the applicant, with signature on reverse side, must be firmly attached to the application.
2. Applications and all supporting documents must be in English.
3. Official high school transcript of the student's records or if presently attending a school of higher education, the current transcript, must be submitted. Records may be photocopies that bear an original signature of the proper authority.
4. All applications must be properly bound on the left by a clear plastic report folder. Please do not staple.
5. The applicant shall prepare a statement **RESTRICTED to 150 words or less**, setting forth his/her vocational or professional goal. Relate how past, present and future activities make the accomplishment of this goal probable. This must be typed, properly signed and enclosed with all supporting materials. Application will be disqualified if essay is not included and properly signed.
6. A current dated and signed recommendation, **RESTRICTED to 150 words or less**, from the Principal or Counselor in authority and from one teacher at the school the applicant is currently attending is required. Each recommendation must be enclosed in a sealed envelope, signed over the seal and returned to the student for enclosure in the scholarship packet.
7. Include one letter of endorsement from a responsible community (NON-SCHOOL) person. **This person should not be related to the applicant** but can be a business person, minister or civic leader. The person should be capable of reporting the applicant's participation in the community in terms of work service, leadership, notable skills and outstanding recognition. Do not refer to school accomplishments. This should be enclosed in a sealed envelope, signed over the seal and returned to the student for enclosure in the scholarship packet.



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INSTRUCTIONS CONTINUED

- 8 All parts of the application (application, principal's/counselor's statement, teacher's statement, non-school endorsement, and official transcript) must be enclosed in one packet and must be returned to the Scholarship committee at the **Grand Lodge office at 845 Wyatt Ave. P.O. Box 248, Lincoln, IL 62656-0248 (before the March 1st deadline)**. Please allow ample mail delivery time! It is the responsibility of the applicant to consolidate all materials in one packet.
9. Applicant must be a resident of Illinois and a citizen of the United States. If applicant is a naturalized citizen, proof of citizenship must accompany application.
10. Only those chosen to receive awards will be notified by the end of June. Anyone wishing a list of recipients must enclose a self-addressed stamped envelope.
11. **Attach a copy of your most recent Federal 1040 Form it is required.** Illinois 1040 or W2's **are not acceptable. Required pages** are only the page **showing adjusted gross income and dependants**. This information is for verification purposes only. Failure to do so will disqualify your application.
12. **You do not have to be an Odd Fellow or Rebekah member to complete this application.** Only **Odd Fellow and Rebekah members** must **submit a Lodge Certification letter under the Seal of the Lodge**. Failure to do so will lead to your application being disqualified.



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Application of Required Facts

**BASED ON FINANCIAL NEED AND SCHOLASTIC ABILITY**

IMPORTANT: Before preparing this application, it is recommended that the procedure outlined in the General Instructions be carefully studied and then completely executed.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Illinois Resident (Yes/No) \_\_\_\_\_ U.S. Citizen (Yes/No) \_\_\_\_\_  
 Naturalized Citizen (Yes/No) \_\_\_\_\_ (If yes, Verification documentation is required)  
 Are you a member of the Independent Order of Odd Fellows? \_\_\_\_\_ Rebekahs? \_\_\_\_\_  
 If so, give the name and number of the Lodge and location: \_\_\_\_\_  
 (Attach verification from the lodge Secretary, under seal of the Lodge)

SCHOLASTIC

Present educational level, must be at least a High School Senior.

High School: Senior  
 Junior College: Freshman Sophomore  
 College/University: Freshman Sophomore Junior Senior  
 Other: \_\_\_\_\_  
 Current School Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street City State Zip

Please ensure a copy of your current school grade transcript is submitted to the Scholarship Committee. Also submit your personal essay.

EXTRA CURRICULAR ACTIVITES (School Related)

Use reverse side of this page if more space is needed.

Honors and Awards (State year and nature of honor or award):

Offices and positions of leadership (state name of organization, position and year):

Member of Organizations where no office held (state name of Organization and year):

List Memberships/Involvement in Community Work or Volunteer Activities:

Organization	Activity	Year

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**FINANCIAL RESOURCES**

Have you been granted scholarship aid? \_\_\_\_\_ if so give details: \_\_\_\_\_

Employment positions	Periods of employment	Average time each week

**PARENTAL FINANCIAL ANALYSIS**

**(To be completed by parent(s)/guardian(s) of applicants who are dependent on parent(s)/guardian(s) for financial support). Applicants not dependent on parent(s)/guardian(s) for financial help please complete page 5.**

Father (Guardian) \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother (Guardian) \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's present annual gross income \$ \_\_\_\_\_ Mother's \$ \_\_\_\_\_

**ATTACH COPY OF MOST RECENT FEDERAL 1040 FORM (REQUIRED) - PAGES ONLY REFERRING TO DEPENDANTS AND ADJUSTED GROSS INCOME FOR VERIFICATION ONLY.**

Total number of dependents (**Do not** include mother and father) \_\_\_\_\_

Number of above dependents presently attending college \_\_\_\_\_

Are you (father/mother) members of the Independent Order of Odd Fellows? \_\_\_\_\_ Rebekahs? \_\_\_\_\_

If so give name, number and location of the Lodge. \_\_\_\_\_

Include a **letter of Certification** under the seal of the Lodge. See instruction 12.

Father's (Guardian's) present employment \_\_\_\_\_

Mother's (Guardian's) present employment \_\_\_\_\_

Any further comments that you care to make regarding your financial status (i.e. prolong illness, single parent, financial situation, etc) \_\_\_\_\_

If more space is needed use the back side of this sheet.

If you sign below you allow your student's picture to be placed in Local newspaper articles if they win a scholarship and are under the age of 18. Failure to sign this application will disqualify this application.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
 Father/Guardian Mother/Guardian Student

**DISQUALIFIED IF NOT COMPLETED AND SIGNED**  
 ALL FINANCIAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

Illinois Odd Fellow-Rebekah Scholarship Award

**APPLICANT'S FINANCIAL RESOURCES**

**TO BE COMPLETED BY APPLICANTS WHO ARE NOT DEPENDENT ON PARENT(S)/GUARDIAN(S) FOR FINANCIAL SUPPORT.**

Have you been granted scholarship aid? \_\_\_\_\_ if so give details: \_\_\_\_\_

Employment positions	Periods of employment	Average time each week

**APPLICANT'S FINANCIAL ANALYSIS**

Applicant \_\_\_\_\_

Name Age Occupation

Address \_\_\_\_\_

Street City State Zip

Spouse \_\_\_\_\_

Name Age Occupation

Address \_\_\_\_\_

Street City State Zip

Applicant's present annual gross income \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

**ATTACH COPY OF MOST RECENT FEDERAL 1040 FORM (REQUIRED) PAGES ONLY REFERRING TO DEPENDANTS AND ADJUSTED GROSS INCOME FOR VERIFICATION ONLY.**

Total number of dependents (Do not include yourself) \_\_\_\_\_

Number of above dependents presently attending college \_\_\_\_\_

Are you or your spouse members of the Independent Order of Odd Fellows? \_\_\_\_\_ Rebekahs? \_\_\_\_\_

If so give name, number and location of the Lodge. \_\_\_\_\_

Include a **letter of Certification** under the seal of the Lodge.

Applicant's present employment \_\_\_\_\_

Spouse's present employment \_\_\_\_\_

Any further comments that you care to make regarding your financial status (i.e. prolong illness, single parent, financial situation, etc) \_\_\_\_\_

If more space is needed use the back side of this sheet.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
Applicant Spouse

**DISQUALIFIED IF NOT COMPLETED AND SIGNED**  
ALL FINANCIAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL





**ILLINOIS ODD FELLOW-REBEKAH SCHOLARSHIP AWARD**

Please use this form only. **If additional space is needed use reverse side.**

**IF POSSIBLE USE TYPEWRITER OR COMPUTER ONLY.**

**NON-SCHOOL ENDORSEMENT STATEMENT**

(This statement will be disqualified if completed by school official or teacher. Please do not refer to academic or school related activities.)

**PLEASE NOTE:** This statement must be returned to the student **NO LATER THAN FEBRUARY 15<sup>TH</sup>** enclosed in a sealed envelope with signature across the seal.

This statement should attest to the student's participation in the community in terms of work, service, leadership, notable skills, and outstanding recognition.

Concerning: \_\_\_\_\_ Date: \_\_\_\_\_  
Student's name

1. In your opinion to what extent do you consider this applicant a worthy candidate for a scholarship? Please **RESTRICT** your comment to **150 words or less.**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_