



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 dependents**. 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.
13. The Application must be signed by parents and children. This application is strictly confidential no financial information will be shared from your application. **We will however if your student is not chosen share the following information with lodges in your area that are giving scholarships from the local lodge. We will share student's name and phone number, parent's names, school information & phone number, number of dependents and number of dependents currently in college.** This will give your student a great chance of receiving a scholarship from the Odd Fellows and Rebekahs.



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Scholarship Award

Independent Order of Odd Fellows

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Application of Required Facts

Lincoln, IL 62656

P.O. BOX 248

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 ACTIVITIES (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

Illinois Odd Fellow-Rebekah Scholarship Award

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. It also allows us to share the following information with local lodges in your area: **Student's name and phone number, Parent's names, School currently attending, number of dependents and number currently in college.** 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

Revised 11/1/2018

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.

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. It also allows us to share the following information with local lodges in your area: **Student's name and phone number, Parent's names, School currently attending, number of dependents and number currently in college.** Failure to sign this application will disqualify this application.

Signed: _____ Signed: _____ Applicant

Spouse

DISQUALIFIED IF NOT COMPLETED AND SIGNED

ALL FINANCIAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

Revised 11/1/2018

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.

PRINCIPAL'S/COUNSELOR'S STATEMENT

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

Concerning: _____ Date: _____
 Student's name

1. Is the applicant a student in good standing? _____
2. Date of his/her graduation. _____ Current grade point Average _____
3. For assistance of the Scholarship Committee, please explain your present grading system, if not clarified on the transcript.
4. In your opinion, what are the student's chances of completing college or vocational school of his/her choice? Excellent Good Fair Poor
5. Please, **RESTRICT** your comments to **150 words or less** on the qualifications and need of this applicant for a scholarship award. This will be kept strictly confidential.

6. **PLEASE NOTE:** An official copy of the student's transcript is required and can be sealed in the envelope with this statement.

Signed: _____
 Title: _____
 Address: _____

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.

TEACHER'S STATEMENT

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

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 comments to **150 words or less.**

Signed: _____

Title: _____

Address: _____

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 15TH** 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: _____
