

Grand Guardian Council of Kansas
International Order of Job's Daughters

SCHOLARSHIP GRANT APPLICATION

(Please print or type)

PERSONAL DATA

Name: _____ Age: _____ Birth date: _____
 First Middle Last

Home Address: _____ Phone# () - _____
 Street City/State Zip

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Number in Household: _____ Number in Post-secondary institutions next year (include applicant): _____

List post-secondary institutions household members will be attending: _____

EDUCATION

List high school and post-secondary institutions you have attended:

| School Name | City/State | Dates Attended | Grad. Date |
|-------------|------------|----------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List school activities in which you participated: _____

List other activities in which you participated: _____

List any honors or awards you have received: _____

If more than 3 months have lapsed since you were in school, how have you spent your time? _____

Post-secondary institution you plan to attend: _____

Planned course of study: _____ Number of years to complete: _____

Class you expect to enter in award year: Freshman _____ Sophomore _____ Junior _____ Senior _____

FINANCIAL NEED

While in school, will you be living: With parents?_____ In campus housing?_____ In apartment or house?_____

Estimated total cost of attendance per year for tuition/fees, room/board, and books/supplies: \$_____

List other sources of financial aid for which you have applied and the amount awarded:_____

How do you plan to pay for expenses not covered by financial aid?_____

Do you plan to work while attending school?_____ If so, where?_____

Do you have other income such as Social Security, trust fund, etc.?_____

Explain:_____

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JOB'S DAUGHTERS HISTORY: Bethel#_____ How long have you been a member?_____

Offices held:_____

IOJD awards/honors received:_____

Special IOJD activities in which you may have participated:_____

I hereby certify that the above information is true and accurate, and that any scholarship grant awarded by the Grand Guardian Council of Kansas will be used for educational purposes as intended.

Applicant's Signature

Date

Parent's Signature

Date

I hereby certify that this applicant is a member in good standing that has not reached majority in Bethel #_____, and that to the best of my knowledge, the information above is true and accurate.

Bethel Guardian's Signature

Date

**INCLUDE THIS APPLICATION WITH YOUR PERSONAL LETTER
AND ENSURE THAT SCHOOL TRANSCRIPTS ARE
POSTMARKED BY MAY 1, 2024**

**SEND APPLICATION AND PERSONAL LETTER
BY CERTIFIED MAIL, RETURN-RECEIPT
REQUESTED TO:**

Zowie Butler
208 W 6th
Newton KS 67114
Zowiealice2000@live.com