

Rainbow Alumni Youth Supporters
Mrs. Pearl B. Mills Scholarship
Application

Personal Information:

Name: _____

StreetAddress: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Father's Name: _____

Masonic Affiliation (if applicable) _____

Street Address: _____

Phone: _____

Mother'sName: _____

Masonic Affiliation (if
applicable) _____

Street Address:

Phone: _____

College Information:

College Attending:

If attending a junior college, do you plan to transfer to a four-year institution?

If yes, please list the college you plan to attend

Current degree you are working towards (circle one)

Associates

Bachelors

Masters

Current Major

Current Minor (if applicable)

Official Grade Point Average

Scholastic Honors/Awards

Extracurricular Activities

Hobbies

Rainbow History:

Assembly Name: _____

Date initiated: _____

Date(s) you were Worthy Advisor: _____

Date of majority (if applicable): _____

List Grand Offices held:

Did you receive your Grand Cross _____ if yes, what year

What is your most cherished Rainbow memory?

What is your most memorable service/charity project that you participated in?

Anything else we need to know about your Rainbow career?

Please attach a one page essay. Here are some possible suggestions for your essay, but feel free to be creative.

- How and why you selected your current major?
- What are your long-term goals (five to ten years)?
- How has Rainbow impacted your scholastic life?
- How can you use what you have/will learn to help others?

Applicant Signature:

Date: _____

Along with your application please be sure to include the following:

- A fully completed application
- 2 personal references
- 2 school reference
- One page essay
- A certified official transcript from the college(s) you attend
- A copy of your enrolled courses for this current semester if you have not completed 30 college credit hours

Please return all documents to:
Micaela Thompson, PGO, RAYS President
23219 Birmingham Grove Lane, Tomball, Tx, 77375
txrays.iorg.com

All completed applications must be postmarked or emailed no later than April 15th

Rainbow Alumni Youth Supporters
Mrs. Pearl B. Mills Scholarship
SCHOOL REFERENCE FORM

Applicant Name: _____

Reference Name: _____

Position/Occupation: _____

School Name: _____

Street Address: _____

Phone: _____

1. How long have you known the applicant?

2. Selection for this scholarship is based on scholastic record, personal need, and service. The scholarship is intended to make a financial contribution to a college student who has completed or will complete 30 college credit hours and is responsible, demonstrates leadership qualities, dedicated to her education and is worthy of this monetary aid. Realizing that scholarships are limited and that there are many deserving applicants do you feel this applicant should receive this scholarship? (please be specific)

What is your scholastic evaluation and opinion of her probable success in college?

Please answer the following questions by circling the number, in your opinion, that best reflects the attributes of the applicant. A score of 5 would be the highest or most significant amount.

Sense of Responsibility 1 2 3 4 5

Ability to work with others 1 2 3 4 5

Reliability 1 2 3 4 5

Moral Support from family 1 2 3 4 5

Honesty & Integrity 1 2 3 4 5

Any additional comments that we should know about this applicant:

Signature: _____

Date: _____

Thank you for your time in filling out this reference for this applicant!

Rainbow Alumni Youth Supporters
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PERSONAL REFERENCE FORM

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Reference Name:

Occupation:

Street Address:

Phone:

Email Address:

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