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

Personal Information:

Name:		
Home Phone:		
Cell Phone:		
Email Address:		
Father's Name:		
Masonic Affiliatio	on (if applicable)	
Street Address:		
Phone:		
Mother's Name: _		
Masonic Affiliation	on (if applicable)	
Street Address:		
Phone:		
Siblings (Names, A		
Name	Age	School

Employment:

Your Current Employer:			
Your Position:			_
Street Address:			_
Phone:			
Supervisor's Name:			
Do you plan to work while	in college?		_
Previous Employers:	<u> </u>		=
Employer Name	Address	Phone	
College Information:			
College Attending:			_
If attending a junior colleg	e, do you plan to transfer to a	a four-year institution?	
Current degree you are wor	king towards (circle one)		
Associates	Bachelors	Masters	
Current Major			
Official Grade Point Averag	re		

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 you 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, RAYS President 2539 Spring Cypress Rd, Apt. 6114 Spring, Tx, 77388 txrays.iorg@gmail.com

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

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

Applicant Name:									
Reference Name:									
Position/Occupation:									
School Name:									
Street Address:									
Phone:			Email	Address:					
1. How long have you known t	the applic	cant? _							
2. Selection for this scholarship is based on d on scholastic record, personal need, and service. The scholarship is intended t d to m o 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 on and is worthy of this monetary aid. Realizing that scholarships are limited a d and that the t there are many deserving applicants do y do you fe ou feel this applicant should receive this scholarship? (please be specific)									
What is your scholastic evaluation and	•	-			•				
Please answer the following que attributes of the applicant. A score							eflects the		
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 kn	ow abo	w about	this app	olicant:				
Signature:					D	Pate:			

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

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

Applicant Name:									
Reference Name:									
Occupation:									
Street Address:									
Phone:									
1. How long have you known to	he applic	ant? _							
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 Please answer the following ques	stions by	circling	the nu	mber, ii	n your op	pinion, that best reflects the	ne		
attributes of the applicant. A score	of 5 wor	ila b a b	e the hi	gnest or	most sigr	iificant a nt amount.			
Sense of Responsibility Ability to work with others	1 1	2 2	3 3 3	4 4 4	5 5 5				
Reliability Moral Support from family	1 1	2	3	4	5 5				
Honesty & Integrity	1	2	3	4	5				
Any ad y additional comments that	we should	l know	abo w ab	out this	applicant	t:			
Signature:						Date:			

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