



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

**FOR HIGH SCHOOL SENIORS ONLY**

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.**(see instruction 12) **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. Current Official high school transcript of the student's records if presently attending a school of higher education, must be submitted. Records may be photocopies that bear an original signature or seal 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.



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

P.O. BOX 248

Lincoln, IL 62656

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 Forms for the supporting parents 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. Please black out SS#'s . We need 1040 from Both Supporting Parents if they are Divorced or Separated.**
12. **You do not have to be an Odd Fellow or Rebekah member to complete this application. Only Odd Fellow and Rebekah members (self, or Supporting Parents, or Supporting Grandparents) 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 applicant. This application is strictly confidential no financial information will be shared from your application. **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 your essay, 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 greater chance of receiving a scholarship from the Odd Fellows and Rebekahs.



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

**FOR COLLEGE STUDENTS OR STUDENTS RETURNING TO COLLEGE OR VOCATIONAL SCHOOLS LATER IN LIFE**

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.**(see instruction 12) **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 transcript of the student's records of a school of higher education, or a current transcript, must be submitted. Records may be photocopies that bear an original signature or seal 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 two College Professors or Instructors in authority 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, religious official 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.



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

P.O. BOX 248

Lincoln, IL 62656

INSTRUCTIONS CONTINUED

8. All parts of the application (application, Professors or Instructors 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 Forms or from the supporting parents 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. Please black out SS#'s . We need 1040 from Both Supporting Parents if they are Divorced or Separated.**
12. **You do not have to be an Odd Fellow or Rebekah member to complete this application. Only Odd Fellow and Rebekah members (self, or Supporting Parents, or Supporting Grandparents) 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 supporting parents and applicant. 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 your essay, 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 greater chance of receiving a scholarship from the Odd Fellows and Rebekahs.



The Illinois Odd Fellow-Rebekah

### Scholarship Award

Independent Order of Odd Fellows

(217) 735-2561

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: \_\_\_\_\_

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 (Current 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.**

Supporting Parent/(Guardian) \_\_\_\_\_

Name                      Age              Occupation

Address \_\_\_\_\_

Street                      City                      State                      Zip

Supporting Parent/(Guardian) \_\_\_\_\_

Name                      Age                      Occupation

Address

Street                      City                      State                      Zip

Supporting Parent present annual gross income \$ \_\_\_\_\_ Supporting Patents \$ \_\_\_\_\_

**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 supporting parents) \_\_\_\_\_

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.

Supporting Parent/ (Guardian's) present employment \_\_\_\_\_

Supporting Parent/ (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 essay, students 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: \_\_\_\_\_  
 Supporting Parent/Guardian              Supporting Parent/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

Supporting Person \_\_\_\_\_

Name	Age	Occupation	
Address			
Street	City	State	Zip

Applicant's present annual gross income \$ \_\_\_\_\_ Supporting Person \$ \_\_\_\_\_

**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 essay, Students 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: \_\_\_\_\_  
Supporting Parent/Guardian Supporting Parent/Guardian Student

**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.**

**PRINCIPAL/COUNSELOR/PROFESSOR/INSTRUCTOR STATEMENT**

**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.

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/PROFESSOR/INSTRUCTOR STATEMENT**

**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.

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 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: \_\_\_\_\_

\_\_\_\_\_