



Odd Fellows Lodge#442

## Scholarship Program Application 2018

### APPLICANT DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Permanent Home  
Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email Address \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Odd Fellow Sponsor \_\_\_\_\_ Relationship to Sponsor \_\_\_\_\_

---

### HIGH SCHOOL DATA

School Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone# \_\_\_\_\_

---

### POST-SECONDARY SCHOOL DATA

Name of Post-Secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied. Use official school names. Do Not use abbreviations.

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_ 4 yr. College or University      \_\_\_ 2 yr. Community or Junior College

\_\_\_ Vocational-Technical School      \_\_\_ Other, explain \_\_\_\_\_

Year in school next year: \_\_\_ 1, \_\_\_ 2, \_\_\_ 3, \_\_\_ 4, \_\_\_ 5, or \_\_\_ Graduate Study

Major or course of study \_\_\_\_\_ Expected graduation date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Degree sought: \_\_\_ Bachelor, \_\_\_ Associate, \_\_\_ Certificate, \_\_\_ Other, explain \_\_\_\_\_

### **APPLICATION DEADLINE: JUNE 15, 2018**

Please mail applications to: Van Nuys Odd Fellows#442  
P.O. Box 941558  
Simi Valley, CA 93094-1558

Sending a resume does not replace any part of this application. If space provided in any section is inadequate, please continue on additional sheets of paper. Please include your name, address and name of this scholarship program on any attachments.

**Work Experience:** Describe your work experience during the past four years (e.g., babysitting, office work, food server). Please include dates of employment for each job and the approximate number of hours per week.

Employer/Position	From (Mo/Yr)	To (Mo/Yr)	Hours per week	Was this a paid position?	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Activities, Awards and Honors:** List all school activities in which you have participated during the past four years (e.g., student government, sports, music, etc.). List all unpaid community activities you have participated in the past four years (e.g., hospital volunteer, Boy/Girl Scouts, etc.). List all special awards, honors and offices held (please notate whether high school or college).

Activity	Number of years participating	Special Awards, Honors	Offices Held

**Goals and Aspirations:** Write a brief statement of your plans as they relate to your educational and career objectives and long-term goals.

---



---



---



---



---



---



---



---



---



---



---

**Applicant Appraisal** (Two Required)

**To the Applicant:** Two appraisals need to be completed – one must be an Fellow member in good standing. This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, or a work supervisor who knows you well, as well as an Odd Fellow member in good standing.

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. Please copy this section, and when complete, please return to applicant in a sealed envelope. A letter of recommendation does not replace this section, but is welcome in addition.

The applicant's choice of post-secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her abilities	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem solving skills, has good follow through and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_  
 Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**Transcript Information:** A complete transcript of grades must be sent with this application. Grade reports are not acceptable.

School Official's  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

School Official's Address  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Odd Fellow Lodge 442 have the sole responsibility for selecting recipients for the scholarship program. The application and all documents submitted becomes the property of Odd Fellow Lodge 442.

I acknowledge that decisions are final. I certify that the information provided is complete and accurate to the best of knowledge. Falsification of information may result in termination of any award granted.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant Appraisal** (Two Required)

**To the Applicant:** Two appraisals need to be completed – one must be an Fellow member in good standing. This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, or a work supervisor who knows you well, as well as an Odd Fellow member in good standing.

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. Please copy this section, and when complete, please return to applicant in a sealed envelope. A letter of recommendation does not replace this section, but is welcome in addition.

The applicant's choice of post-secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her abilities	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem solving skills, has good follow through and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**Transcript Information:** A complete transcript of grades must be sent with this application. Grade reports are not acceptable.

School Official's  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

School Official's Address  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Odd Fellow Lodge 442 have the sole responsibility for selecting recipients for the scholarship program. The application and all documents submitted becomes the property of Odd Fellow Lodge 442.

I acknowledge that decisions are final. I certify that the information provided is complete and accurate to the best of knowledge. Falsification of information may result in termination of any award granted.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_