



## Order of the Eastern Star

### Application for Elizabeth Bentley Bursary

Date of Application			Applicant				Student Number:						
Month	Day	Year	Name & Address:										
Age:		Name:											
			Surname				First Name		Middle Name				
Address:													
	Street/P.O. Box				City		Province		Postal Code				
Mailing Address:													
Have you ever received an Elizabeth Bentley Award?			Yes		No		If "yes", give year(s) of award(s):						
CURRENT ESTIMATED ANNUAL INCOME (all sources):						EXPENSES:							
		\$					Room & Board:	\$					
		\$					Fees:	\$					
Bursaries & Scholarships:		\$					Loan payments:	\$					
		\$					Books:	\$					
Loans:		Amount:	\$					Transportation:	\$				
		Source of Loan(s):					Other:	\$					
Total Income:		\$					Total Expenses:	\$					

**REFERENCES:** Please enclose a personal and an academic letter of reference.

**ACADEMIC:**  
 University or institution recognized by the Canadian University Foundation last attended: \_\_\_\_\_ Degree Sought: \_\_\_\_\_  
 Total years required for degree: \_\_\_\_\_ I will be taking \_\_\_\_\_ courses this year.  
 Number of years completed: \_\_\_\_\_  
 Next year I will attend: \_\_\_\_\_ University \_\_\_\_\_ Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
 State degree(s) already completed: \_\_\_\_\_ Degree(s) \_\_\_\_\_ Total years to complete degree: \_\_\_\_\_ Years \_\_\_\_\_

In addition to this application, I am applying for the following scholarships, etc. for the coming year:  
 \_\_\_\_\_

*I understand that I must provide a resume containing information, including extra-curricular activities, community interest, employment experience and need for bursary.*

**NOTE: AN OFFICIAL TRANSCRIPT OF MARKS (IN A SEALED ENVELOPE) FOR THE PREVIOUS YEAR MUST BE ATTACHED.**

**COMPLETE APPLICATION MUST CONTAIN:**  
 \_\_\_\_\_ Application      \_\_\_\_\_ Personal Resume      \_\_\_\_\_ Academic Reference  
 \_\_\_\_\_ Personal Reference      \_\_\_\_\_ SEALED Official Transcript of marks

Complete package must be received by the Secretary of the local O.E.S. Chapter by **JUNE 15<sup>TH</sup>**.

Applicant's Signature: \_\_\_\_\_ Signed: \_\_\_\_\_

**TO BE COMPLETED BY CHAPTER SECRETARY:**  
Eastern Star relationship:

\_\_\_\_\_ Name of Relation      \_\_\_\_\_ Relationship to Applicant

Name & Number of Chapter: \_\_\_\_\_ Membership verified: \_\_\_\_\_ Chapter Secretary \_\_\_\_\_

(Chapter Seal)

*Secretary of the local Chapter must forward this application with letters and **sealed envelope** provided by the applicant, to the Grand Secretary by **JUNE 30<sup>TH</sup>**.*