

Grand Chapter of Illinois – Order of the Eastern Star
Cheryl Aronson – Worthy Grand Matron

Educational Assistance – Scholarship Application 2026

Please Print or Type _____ Date _____

Name _____ Age _____ Date of Birth _____

Permanent Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ Student I.D. Number _____

Marital Status: Single _____ Married _____ Number of Dependents and ages _____

EMPLOYMENT SITUATION

Current Employer _____ Annual Income \$ _____

Address _____ City _____ State _____

How long with this employer? _____

FAMILY

Father's Name and Address _____

Mother's Name and Address _____

Father's Occupation _____

Mother's Occupation _____

List all other children supported by parents and their ages. _____

EDUCATION

High School _____

Location _____

Year Graduated _____ Grade Point Average _____

Name and Address of College you will be attending 2025-2026:

School _____

Address _____ City _____ State _____ Zip Code _____

Major _____

Finances

Estimated yearly college expenses \$ _____

EASTERN STAR/MASONIC AFFILIATION

*List all family members with Eastern Star and/or Masonic Affiliation: giving their relationship to you (ex. Mother, Father, Grandmother, etc.) and Location of Chapter or Lodge they were members of. **(Please Note additional pages maybe added if you need more space)**

Name _____ Relationship _____ Chapter or Lodge they belong too _____

*Are you or were you a member of any of the following? (Check all that apply to you)

____ Eastern Star _____ Masonic Lodge _____ Rainbow Girls

____ Job's Daughters _____ DeMolay _____ Other (Please List)

*If Currently a member of one of the above organizations please list below which Organization and location where you are a member

ADDITIONAL INFORMATION REQUIRED WITH APPLICATION

1. The completed application form.
2. Letter of recommendation.
3. A one page statement of your career goals after completion of higher education, also include your involvement in community service(s). Please submit on a separate sheet of paper.
4. Copy of your most recent transcript of grades.

We affirm the information in this application to be true and correct.

Signature of Parent or Guardian

Signature of Applicant

OUR REQUIREMENTS

This official form must be completed and returned along with additional required information to the Chairman of the Educational Assistance Committee by April 1, 2026. No application will be accepted after that date.

Scholarships will be granted without regard to other scholarships which the applicant may receive.

All grants will be made to the institution of higher learning in the name of the applicant and mailed directly to the school of your choice.

Please return completed application along with the other required material to:

Chairman of Educational Assistance

Tami Lovin

#7 Homestead Dr

Mt Vernon, IL 62864

618-472-4456

tlovin.mvths@yahoo.com