

# Eastern Star Scholarship

(Return to counselor's office by March 15<sup>th</sup>)

Student Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School attending after high school: \_\_\_\_\_

Current career choice: \_\_\_\_\_

Names of any family member(s) who is, or was a Mason or Eastern Star Member:  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Counselor section:

Weighted GPA after 7 semesters: \_\_\_\_\_ ACT Score: \_\_\_\_\_

Class rank: \_\_\_\_\_ out of \_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date