



## Grand Chapter of Washington Order of the Eastern Star Alexandra Schencking Memorial Nursing Scholarship

Each year the Alexandra Schencking Nursing Scholarship Committee will award scholarships. These scholarships are to be used for tuition and books ONLY. These scholarships shall be devoted exclusively for giving assistance to students pursuing a career in the field of nursing.

**ALL DECISIONS OF THE COMMITTEE ARE FINAL.**

**Applications for the 2025 Awards must be submitted on this Application form to be considered.**

### **ELIGIBILITY:**

1. Applicants need NOT be of Masonic or Eastern Star affiliation but MUST be sponsored by an Eastern Star Chapter. A letter of verification under Chapter Seal must be sent to the committee.
2. Applicants must be enrolled as a full time undergraduate or graduate student (as defined by the institution they attend) in a recognized State or Private College or University, Junior or Community College nursing program.
3. Applicants must maintain a minimum 2.5 cumulative grade point average using the 4.0 system and must have completed at least one-half of their required credits for graduation from the program by June of the year they apply for a scholarship.
4. Applicants must show what percentage and in what manner they contribute financially toward their education.
5. Applicants must apply for a scholarship in the current year.

### **FORM REQUIREMENTS AND CHECKLIST:**

- \_\_\_\_\_ A. It is the responsibility of the Scholarship Applicant to complete the entire Scholarship Packet which **MUST** be received by the Scholarship Committee Chair post marked no later than **May 1, 2025**, to be considered. The Chair's address is provided at the end of these requirements.
- \_\_\_\_\_ B. Please be sure that all copies are legible.
- \_\_\_\_\_ C. Student ID# for the college/university must be provided.
- \_\_\_\_\_ D. Prepare a resume of your educational and employment histories as well as organizations and community activities
- \_\_\_\_\_ E. Include a one-page essay (approximately 250 words) stating why you chose nursing as a career.

- \_\_\_\_\_ F. The attached Scholarship Recommendation Form is included with this application. Three recommendations, each using a copy of the Recommendation Form on pg 4, are required. These should be given to persons who are familiar with your academic achievements, your moral character, your employment and your organizational/community services. The people chosen to write recommendations should not be relatives or extended familymembers.
- 1) Complete Section 1 of the Scholarship Recommendation Form before giving the form to the three individuals from whom you are requesting recommendations.
  - 2) The forms must be filled in completely, dated, signed and sealed by the recommender. To preserve confidentiality, the person giving the recommendation should mail the form directly to the Scholarship Committee Chair (address provided below)
  - 3) All three recommendation forms must be received by May 1<sup>st</sup> of the year of the application.
- \_\_\_\_\_ G. An Official Transcript in a sealed envelope and signed by the Registrar must be received by the committee **by May 1, 2025**. We understand your course work may not be completed for the spring quarter/semester, so send the most recent transcript available. (The school will charge you a fee for this.) **IMPORTANT:** The transcript must verify that you have (or will have) completed one-half of the course work required for your degree or certification by the end of the current term.

Please submit only the requested documents! Do NOT include copies of awards, membership cards, newspaper articles, etc.

Applicants will receive an email (or postcard if no email is available) acknowledging the receipt of their application. You will be notified by approximately mid-June if your application is approved. The awarded monies will be sent directly to your educational institution before September 1 of the current year. The school will establish a fund upon which you can draw for your educational needs.

**ALL DECISION OF THE COMMITTEE ARE FINAL.**

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**Send all required forms to the Chair listed below.**

**2024-2025 Alexandra Schencking Memorial Nursing Scholarship Committee:**

<b>Lindy Bretsen, Chair</b> 22518 N Clear Lake Blvd SE Yelm, WA 98597	<i>Poulsbo Chapter</i>	360.930.2045 <a href="mailto:bretsen6@aol.com">mailto:bretsen6@aol.com</a>
<b>Ann Gates</b>	<i>Alderwood Chapter</i>	206.755.7225
<b>Jean Ballard</b>	<i>PGM</i>	360.387.3119
<b>Marge Ramsdell</b>	<i>PGM</i>	253.241.8884



# Grand Chapter of Washington Order of the Eastern Star Alexandra Schencking Memorial Nursing Scholarship 2025 Application

NAME:

\_\_\_\_\_ last first middle age

ADDRESS:

\_\_\_\_\_ street city state zip

CONTACT:

\_\_\_\_\_ phone no(s) email

PERMANENT ADDRESS (if different than above)

\_\_\_\_\_ street city state zip

Name of EASTERN STAR CHAPTER SPONSOR: \_\_\_\_\_

I have been accepted in or am currently enrolled in a nursing program and will have completed at least one-half of the credits required for graduation by June 30.

\_\_\_\_\_ initial

My GPA: \_\_\_\_\_. My Student Number: \_\_\_\_\_

My Major Field of Nursing Study is LPN, AA, BSN, or Post Graduate:

Name of Institution where I will be studying in fall: \_\_\_\_\_

Mailing Address of the Financial Aid Office.

I promise to notify the scholarship committee of any change in my school status (including graduation) occurring before the end of this school year.

\_\_\_\_\_ initial

I am contributing \_\_\_\_\_% of my educational expenses through work.

Other scholarships or assistance received from:

Organization or Institution from which money was received	date received	amount received

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I have read the Eligibility, Form Requirements and Checklist sheets. I have included my Grade Point Average and sealed Official Transcript, unless it is to be mailed by the Registrar of my school, a Resume of my school and work history, and my Educational Goal Essay.

I have also distributed all three Letters of Recommendation forms, which will be sent to the committee by the individuals.

**Signed** \_\_\_\_\_ **dated this** \_\_\_\_\_ **day of** \_\_\_\_\_ **2025**



# Grand Chapter of Washington Order of the Eastern Star Alexandra Schencking Memorial Nursing Scholarship 2025 Recommendation Form

## SECTION 1. To be completed by Applicant:

Name of Applicant \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This applicant desires a scholarship for the purpose of continuing studies at:

\_\_\_\_\_  
Name of University or School \_\_\_\_\_ City and State \_\_\_\_\_

## Section 2. To be completed by Recommender:

In order for the committee to learn about an applicant's character and reputation, we would appreciate a reply to the following questions. All information will be held in confidence. Please feel free to use the back of this form for any information you consider helpful.

What is the applicant's reputation for being:

Ambitious \_\_\_\_\_

Energetic \_\_\_\_\_

Honorable \_\_\_\_\_

Studious \_\_\_\_\_

Would you recommend the committee award a scholarship to this person? \_\_\_\_\_ Why? \_\_\_\_\_

Please give any other information about the applicant that you believe would assist the committee in making the decision.

Signed:	Title:	Date:	
Full Name (please print)	Phone		
Address	City	State	Zip

Thank you for taking the time to complete this form.

**This form MUST be received by the Scholarship Committee and Postmarked NO LATER than MAY 1, 2025  
DO NOT RETURN THIS FORM TO THE APPLICANT.**

**Please send this form to the Scholarship Committee Chair:**

**Lindy Bretsen 22518 N Clear Lake Blvd SE, Yelm, WA 98597 <mailto:bretsen6@aol.com>**