

*Independent Order of Odd Fellows  
W. Scott Reid Scholarship Fund*

**APPLICATION**

Date \_\_\_\_\_

1, Name \_\_\_\_\_  
*Last Name                      First Name                      Middle Initial*

2, Home Address \_\_\_\_\_  
*Street & No.                      City                      State                      Zip*

3, Telephone No. \_\_\_\_\_ E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

4, Name of Father/Mother/Spouse or Legal Guardian \_\_\_\_\_

5, Address \_\_\_\_\_  
*Street & No.                      City                      State                      Zip*

6, Occupation \_\_\_\_\_  
*(of line #4)*

6A, Employer \_\_\_\_\_  
*(of line #4)*

6B, Salary (gross per week) \_\_\_\_\_  
*(list title and amount)*

6C, Family/Civic/Fraternal/Church Affiliations \_\_\_\_\_  
\_\_\_\_\_

7, Number & age of dependent Children in Family besides yourself \_\_\_\_\_  
*Number / Ages*

8, Have you applied for other Scholarships/Awards?  Yes  /  No

If so where? \_\_\_\_\_

If so how much? \_\_\_\_\_

9, School of Nursing where applying \_\_\_\_\_  
Address \_\_\_\_\_

Circle 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> Year Applying For \_\_\_\_\_

10, Have you been accepted for admission \_ Yes / No \_ Where \_\_\_\_\_

Address \_\_\_\_\_

If so, what is the name of Director? \_\_\_\_\_

10A, Statement of preparation you have made for this course

\_\_\_\_\_  
\_\_\_\_\_

HIGH SCHOOL & TRAINING \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

JOBS & SAVINGS, ETC. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11, Do you have any type of part time work for pay? \_\_\_\_\_

if so how much do you earn? \_\_\_\_\_

What type of work do you do?

\_\_\_\_\_  
\_\_\_\_\_

12, About how much money (Financial Assistance) is required to enter, or remain, in the school of R.N. Nursing of your choice: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13, Why is financial assistance needed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14, If accepted, it is expected that you will advise us of your progress. Do you accept this condition?

Yes / No

15, Name of High School & Address \_\_\_\_\_

16, Name of Principal & date awards are made to Students \_\_\_\_\_

17, Please give the names, address & relationship of (5) five people who know you personally (not relatives) who are willing to recommend you for this award. Include your High School Principal or Director of Nursing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*TEACHERS, FRIENDS, NEIGHBORS, PASTORS, ETC.**

18, Letters of Recommendation **MUST** accompany all applications to have them in a qualifying status. First year Students- Guidance Director and /or Principals, etc. Second, Third & Fourth year Students- Director of Nursing, etc.

If I am a recipient of this award, I will endeavor to complete the course. Should I **VOLUNTARILY RESIGN, I ACCEPT** the responsibility to repay, in full, (interest Free) the amount granted over a reasonable period of time.

The above statements and information are, to the best of my knowledge, true and correct.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

it is with my knowledge and permission that my Daughter/Son has filed an application for this award in pursuing Her/His education.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian of Applicant  
(Must Be Signed If Applicable)

Completed applications and letters of recommendation should be sent to the following:

Arnold Hill C/O Grand Lodge of IOOF, 80 Caron Lane, Auburn, ME 04210 (207-786-3638) [www.oddfellowsofmaine.org](http://www.oddfellowsofmaine.org)

For applications to be considered, must be received no later than June 10<sup>th</sup> of each year.

If more space is needed for any question, please attach an extra sheet or sheets.

## **W. Scott Reid Nurses Scholarship Fund**

**The Board of Trustees would like to welcome you to apply for a scholarship with this wonderful program. The W. Scott Reid Fund has assisted many young Students on the path to a rewarding career. Please read over these instructions and submit your application today.**

**Please use the application we have provided and fill it out in its entirety, if you find yourself in need assistance please call or write the Grand Lodge at the address/phone number listed below.**

**Applications become the property of the Trustees and will not be returned, we must receive them prior to JUNE 10<sup>th</sup> in order to qualify for the coming academic year. The amount of the scholarship is \$1,000.00 per year and maybe applied for up to 4 years. You must be a resident of the State of Maine and must attend a college in Maine. Applicants must be actively enrolled in a major field of study leading to a degree in nursing here in Maine.**

**This award is a gift and does not have to be repaid, however, if the Student does not complete the year of which the scholarship was awarded He/She must repay the Fund. These awards will be paid to the educational institution and the Student. **1<sup>st</sup> year students will them after the first semester, 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> year students will receive them at the start of the 1<sup>st</sup> semester.****

**It is generally required that all applicants have at least a "B" average for each High School year. It is also required that your academic standing be provided directly to the Trustees of the Fund by the College you're attending. **Please include your high school grades with this application.****

**Generally a Student must maintain a 2.9 grade average (on a 4.0 scale).**

**The Trustees again welcome your application and congratulate you on choosing a wonderful and fulfilling career in medicine.**

**We hope that we have been able to play a small part in you completing your goals.**

**Please forward your application to:**

**The W. Scott Reid Nurses Scholarship Fund  
C/O Grand Lodge of Odd Fellows IOOF  
80 Caron Lane  
Auburn, Maine 04210**

**Should you require assistance or have any question concerning this scholarship please contact the Grand Secretary at the above address or you may call 207-786-3638.**

**Sincerely**

**Trustees of the W. Scott Reid Nurses Scholarship Fund**

**Revised 11/12/2015 GS**