

**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 1st, 2nd, 3rd, 4th 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

For applications to be considered, must be received no later than June 10th 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 10th 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. **1st year students will them after the first semester, 2nd, 3rd & 4th year students will receive them at the start of the 1st 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