



EUREKA GRAND CHAPTER

Prince Hall Order Eastern Star, Inc.
454 W. 155th Street, New York, NY 10032
212-368-3877



Nellie B. Lofthouse Student Assistance Fund Criteria

The Nellie B. Lofthouse Student Assistance Fund has been established by Eureka Grand Chapter, Prince Hall Order Eastern Star, Inc., to provide young women and men with financial assistance in obtaining their professional education.

Recipients will be chosen on the basis of either their high school record, financial need and/or other indication of character and leadership. They are to be selected by the Nellie B. Lofthouse Committee, representatives of Eureka Grand Chapter.

Recipients must meet the following criteria:

- Citizen of the United States.
- High School Graduate; under 21 years of age.
- Accepted at an accredited college or university in pursuit of a Baccalaureate or Associate Degree at the time the award is presented.

Recipients must submit the following documentation:

- Nellie B. Lofthouse Student Assistance Fund Application.
- Letter of Acceptance from accredited college or university.
- Two letters of recommendation; one from a HS counselor or teacher and one from another member of the church or community attesting to the applicant's participation in the community or extracurricular activities.
- A one page typed essay describing the student's personal career goals.

All documentation must be received by Eureka Grand Chapter by May 27, 2017.

A letter of intent will be made to the awardees prior to the distribution of funds.

PLEASE READ THE APPLICATION CAREFULLY AND ANSWER ALL QUESTIONS



NELLIE B. LOFTHOUSE STUDENT ASSISTANCE FUND
APPLICATION
 (Please print or write legibly)

Date _____

Name _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Telephone w/Area Code _____

Father/Guardian (Full Name) _____

Profession/Employment _____

Business Address _____

Mother/Guardian (Full Name) _____

Profession/Employment _____

Business Address _____

If parents are deceased, source(s) of income, if any _____

Name of High School _____ Date Graduated _____

Address of High School _____

Names of immediate family members (sisters, brothers)

<u>Name</u>	<u>Relationship to you</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This application is made for assistance to pursue studies for work in (major):

_____ leading to a _____

Number of years estimated to complete studies _____

Your vocational plans _____

What college related expenses do you need help with?

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____

Have you been accepted in an accredited College/University? _____ Yes _____ No

Name of College/University _____

Address of College/University _____

From whom did you obtain this application?

Name _____

Address _____

Chapter Name/No. _____

I DECLARE THAT ALL ANSWERS GIVEN ON THIS APPLICATION ARE TRUE.

Signature of Student _____

The following must be completed:

I HAVE READ THE QUESTIONS AND DECLARE THAT ALL ANSWERS GIVEN ON THIS APPLICATION ARE TRUE. I APPROVE THE APPLICATION.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____

This application must be completed and returned to the committee with all required documentation not later than May 27, 2017. Applications not received by the deadline will not be considered for assistance and the application will be returned; however you can apply for following year. Mail to: Eureka Grand Chapter, 454 W. 155th Street, New York, NY 10032. Attn: Nellie B. Lofthouse Student Assistance Committee.