

APPLICATION
World of Youth Scholarship Program (2025)

Please refer to the Program Guidelines during preparation.

Mail completed application and attachments to the Scholarship Awards Committee Chairman:

Elizabeth Lashley, PGM
2498 S 500 E
Montgomery, IN 47558

Applicants Name _____
Printed (Last) (First) (Middle)

Permanent Mailing Address _____

Date of Birth _____ E-Mail Address _____

Home Phone Number _____ Cell Phone Number _____

Entering Grade Level _____ Institution to be attended _____

Location _____

Member in good standing and not having reached the age of majority of:

Rainbow for Girls Assembly _____ Job's Daughters Bethel _____ DeMolay Chapter _____
Or a member in good standing of the Order of the Eastern Star in Indiana _____

Name/Number/Location of Organization _____

Office Held/Title _____

Have you received this scholarship award previously? Yes _____ No _____ (one must be checked)

Checklist for Attachments:

- _____ 1. High School Transcript
- _____ 2. College Transcript (if applicable)
- _____ 3. List of extra-curricular activities
- _____ 4. List of awards and scholarships received
- _____ 5. List of community service and work experience
- _____ 6. Signed letter of Recommendation (Mother Advisor – Bethel Guardian – Chapter Dad – Worthy Matron)
- _____ 7. One-page summary of your present and future study plans

Signatures:

Applicant _____ Parent/Guardian _____

NOTE: Application must be received by April 25, 2025