

**OHIO GRAND ASSEMBLY  
INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS  
SCHOLARSHIP APPLICATION**

Thank you for your interest in applying for the Ohio Rainbow Scholarship. All required documents must be postmarked by April 1 prior to Grand Assembly. The number and amount of the scholarships awarded will vary based upon available funding.

Eligibility: Ohio Rainbow girls who are or will be attending a postsecondary institution (undergraduate program only) and have not attained the majority age of 20.

The following documents are required prior to your application being considered.

1. Form A: Application
  - a. Must be signed by applicant, Mother Advisor, and Grand Deputy
2. Form C: Applicant's Confidential Financial Statement
3. Form D: Parent or Legal Guardian Confidential Financial Statement
4. An official transcript from your high school, for your first seven semesters (grades 9, 10, 11 and first semester of grade 12). This should be forwarded directly from the school to the scholarship committee. If the applicant is currently enrolled in a post-secondary institution, these transcripts are also required.
5. Completed Form A (Application) is to be given to the Mother Advisor who will complete her portion of the forms. The Mother Advisor shall forward the forms to the Grand Deputy who will complete her portion and forward to the chair of the scholarship committee.
6. Completed Forms C and D (Financial Statements) are to be mailed directly to the Chair of the scholarship committee.
7. Mailing address for all forms:  
Gail Dauber  
4273 Prairie Smoke Court  
Lebanon, Ohio 45036

**Form A**

**OHIO GRAND ASSEMBLY  
INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS  
SCHOLARSHIP APPLICATION**

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

PHONE: \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Member of \_\_\_\_\_ Assembly No. \_\_\_\_\_

**EDUCATION:**

Name of High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ HS GPA: \_\_\_\_\_ ACT or SAT Score: \_\_\_\_\_

Name of College Attending: \_\_\_\_\_

Are you currently enrolled? \_\_\_\_\_ Yes \_\_\_\_\_ No College GPA: \_\_\_\_\_

Have you applied for admission and been accepted: \_\_\_\_\_ Yes \_\_\_\_\_ No

If "No," please explain: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

List (no more than 7) extracurricular activities that you have been active in for more than one year.

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List any academic achievements, awards, or honors

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List the last 4 offices held in your assembly

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List the last 3 Grand Offices and year held

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List up to 3 any **regularly** performed community service - **DO NOT LIST ANY SERVICE CONNECTED TO RAINBOW SERVICE OR SCHOOL.**

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Provide any additional information you would like to share regarding your application

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**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Mother Advisor Comments

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**MA signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Grand Deputy Comments

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**GD Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Form C**

**Applicant's Confidential Financial Statement**

Information provided herein will only be shared with members of the scholarship committee

This form must be postmarked by April 1.

Mail to: Gail Dauber, 4273 Prairie Smoke Ct, Lebanon, Ohio 45036

Complete the below to the best of your knowledge.

**I. Estimated cost of your schooling next year**

Tuition: \$ \_\_\_\_\_

Room & Board (if not living at home): \$ \_\_\_\_\_

Books: \$ \_\_\_\_\_

Other (please specify below): \$ \_\_\_\_\_

\_\_\_\_\_ Total estimated cost \$ \_\_\_\_\_

**II. Applicant's financial information**

Savings \$ \_\_\_\_\_

Anticipated earnings \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Anticipated funds from parents \$ \_\_\_\_\_

Total anticipated funds for school \$ \_\_\_\_\_

III. Anticipated **financial assistance from prospective educational institution** \$ \_\_\_\_\_

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Form D

**Parent/Legal Guardian Confidential Financial Statement**

Information provided herein will only be shared with members of the scholarship committee

This form must be postmarked by April 1.

Mail to: Gail Dauber, 4273 Prairie Smoke Ct, Lebanon, Ohio 45036

Parent #1 Name: \_\_\_\_\_

Employer name and address

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

Adjusted gross income as reported to the Internal Revenue Service for last year \$ \_\_\_\_\_

Number of dependents claimed on taxes \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Employer name and address

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

Parent #2 - only answer the below if you file taxes separately from Parent #1

Adjusted gross income as reported to the Internal Revenue Service for last year \$ \_\_\_\_\_

Number of dependents claimed on taxes \_\_\_\_\_ (if file separately from Parent #1)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name & address

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name & address

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