

**Ohio Grand Assembly
International Order of the Rainbow for Girls
Scholarship Committee**

Thank you for your interest in applying to receive an Ohio Rainbow Scholarship this summer. Your application will receive full consideration provided that all the following materials are in the possession of the Scholarship Committee by May 1, 2017.

1. Form A: The two-page application. Mother Advisor and Grand Deputy must sign, with their comments
2. Form B: A recommendation form to be completed by a teacher, or other school person, who is familiar with your schoolwork
3. Form C: A recommendation form to be completed by someone other than a school person or relative
4. Form D: The confidential financial statement to be completed by you and your parent(s)/legal guardian(s)
5. An official transcript, from your high school, for your first seven semesters (grades 9, 10, 11, and first half of grade 12).

Prompt and proper completion of the forms is given consideration in selecting the scholarship recipient. Please answer all items and carefully follow the directions given on each form. If you need more space for a given item, use the backside of the relevant sheet.

Rainbow Scholarship Awards are in the amount of \$1,000 for one year only. Recipients of Rainbow Scholarship Awards must not have attained the majority age of 20 and be in attendance at the opening session of the Ohio Grand Assembly in Gambier, Ohio on Thursday evening.

Gail Dauber, Chairman
Scholarship Awards Committee

**Ohio Grand Assembly
International Order of the Rainbow for Girls
Form A: Application for Ohio Rainbow Scholarship**

This application (Form A) is to be given to your Mother Advisor, who in turn will give it to the Grand Deputy, who is to forward it to the Chairman of the Scholarship Committee, Gail Dauber, by May 1st, 2017. You should provide the postage.

Name: _____
(First/Middle/Last)

Address: _____
(Street & No, City, Zip)

Phone: _(_____)_____-_____ Date of Birth: _____
(MM/DD/YYYY)

Member of _____ Assembly No. _____

School you plan to attend after high school graduation: _____

Date you plan to enter: _____
(Month, Year)

Major field of Study: _____

Have you attended any school beyond the high school level? Circle: Yes No

If yes, name the school: _____
(If you have attended such a school, it will be necessary of you to send us a transcript of your work)

Expected date of high school graduation: _____
(Month, Year)

Name & Address of high school: _____

List all extracurricular activities such as clubs, music, offices, sports, etc.. _____

Please list any special recognition for academic achievement or scholastic ability such as honors, scholarship tests, awards, etc... _____

Do you expect to receive any other monetary award or scholarship? If yes, please specify name and amount: _____

What church do you attend? _____

Your church activities: _____

Offices you have held in your Assembly: _____

Committees which you have served and other service to your Assembly: _____

Grand Offices Held: _____

Make any additional state which you believe will provide information of value to the Scholarship Committee in considering this application, continuing on the back of this sheet or attaching a separate sheet if necessary. _____

Approved by Mother Advisor of your Assembly and her comments: _____

Date: _____ Signed: _____

Approved by the Grand Deputy of your district and her comments: _____

Date: _____ Signed: _____

Further comments from the Mother Advisor and/or Grand Deputy may be attached to this application.

**Ohio Grand Assembly
International Order of the Rainbow for Girls
Form B: Recommendation for Scholarship by School Official**

This form is to be completed by a teacher or other school person who is familiar with your schoolwork. Confidentiality is pledged.

Applicant's Name: _____
(First/Middle/Last)

Applicant's Address: _____
(Street & No, City, Zip)

Your knowledge of this applicant will help the committee in considering her qualifications for an award. We shall appreciate your rating, from either records or personal acquaintance, of the areas listed below.

| | Excellent | Good | Average | Fair | Poor | N/A |
|---|-----------|------|---------|------|------|-----|
| Education & Training: (grades, honors, applicable training) | | | | | | |
| Attitude & Manner: (Presentation, Engagement, Disposition) | | | | | | |
| Oral Communication Skills: (can express thoughts verbally) | | | | | | |
| Writing Skills: (can express thoughts in written form) | | | | | | |
| Dependability & Reliability: (completes tasks on time; organization) | | | | | | |
| Motivation: (goals, drive, initiative) | | | | | | |
| Other: (please indicate category) | | | | | | |
| Other: (please indicate category) | | | | | | |

Please attach any additional comments you wish to share to this application.

Relationship to Applicant: _____

(Signature) (Title) (Date)

Please mail directly to the Committee Chairman, Gail Dauber, at 4273 Prairie Smoke Ct., Lebanon, OH 45036 by May 1st, 2017.

**Ohio Grand Assembly
International Order of the Rainbow for Girls
Form C: Recommendation for Scholarship by Non-School or Relative**

This form is to be completed by someone other than a school person or relative. Confidentiality is pledged. Return to the Committee Chairman, Gail Dauber, at 4273 Prairie Smoke Ct., Lebanon, OH 45036 by May 1st, 2017.

Applicant's Name: _____
(First/Middle/Last)

Applicant's Address: _____
(Street & No, City, Zip)

Your knowledge of this applicant will help the committee in considering her qualifications for an award. We shall appreciate your rating, from either records or personal acquaintance, of the areas listed below.

| | Excellent | Good | Average | Fair | Poor | N/A |
|---|-----------|------|---------|------|------|-----|
| Education & Training: (grades, honors, applicable training) | | | | | | |
| Attitude & Manner: (Presentation, Engagement, Disposition) | | | | | | |
| Oral Communication Skills: (can express thoughts verbally) | | | | | | |
| Writing Skills: (can express thoughts in written form) | | | | | | |
| Dependability & Reliability: (completes tasks on time; organization) | | | | | | |
| Motivation: (goals, drive, initiative) | | | | | | |
| Other: (please indicate category) | | | | | | |
| Other: (please indicate category) | | | | | | |

Please attach any additional comments you wish to share to this application.

Relationship to Applicant: _____

(Signature)

(Title)

(Date)

Please mail directly to the Committee Chairman, Gail Dauber, at 4273 Prairie Smoke Ct., Lebanon, OH 45036 by May 1st, 2017.

**Ohio Grand Assembly
International Order of the Rainbow for Girls
Form D: Confidential Financial Statement**

The following information must be provided for consideration of the scholarship award. Information is for the use of the committee only and strict confidentiality is pledged. Return to the Chairman of the Scholarship Committee, Gail Dauber, at 4273 Prairie Smoke Ct., Lebanon, OH 45036 by May 1st, 2017.

1. Estimated cost of schooling next year:
 - a. Tuition: _____
 - b. Room and Board: _____
 - c. Fees and Books: _____
 - d. Incidentals: _____
 - e. Total: _____
2. Student's financial status:
 - a. Savings: _____
 - b. Earnings anticipated next school year: _____
 - c. Earnings anticipated this summer: _____
 - d. Total amount of your own resources available for next school year: _____
 - e. Awards or grants received/anticipating: _____
 - f. Financial support from parents: _____
 - g. Total funds available for next year (D+E+F) _____
3. Support from School or Government:
 - a. Have you applied for, or do you intend to apply for any type of assistance from the school you have designated? Yes ___ No ___
 - b. If yes, have you received any response or commitment (Item J from above should reflect)? Yes ___ No ___
 - c. Have you completed the CEEB Parent's Confidential Statement, the ACT Family Financial Statement, or the FAFSA? Yes ___ No ___
 - d. Do you plan to apply for an Ohio Instructional Grant? Yes ___ No ___
4. Parent(s)/Legal Guardian(s) confidential statement:
 - a. Parent/Guardian 1:
 - i. Employer's Name: _____
 - ii. Employer's Address: _____
 - _____
 - iii. 2016 adjusted gross income on 1040 or 1040A form: \$ _____
 - b. Parent/Guardian 2:
 - i. Employer's Name: _____

ii. Employer's Address: _____

iii. 2016 adjusted gross income on 1040 or 1040A form: \$ _____

c. Total/combined Federal Income Tax Paid on 2015 Income(s): \$ _____

d. Total/combined Exemptions claimed for 2015: _____

e. Total/combined Dependents: List all minor dependents and ages

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Home Address: _____