

Order of the Amaranth, State of Connecticut

**SCHOLARSHIP FUND**



**SCHOLARSHIP INFORMATION AND REGULATIONS**

1. OBJECTIVE: \$500.00 Scholarships are awarded at the Annual Session of the Grand Court of Connecticut held in late March or early April. The scholarship is offered by the Grand Court to members of Masonic affiliated youth organizations in Connecticut (including Majority Rainbow and Senior DeMolay), members of the Order, and their children and grandchildren, for the purpose of continuing their higher education.
2. ELIGIBILITY: To be eligible an applicant must:
- (A) *Be one of the following:*
- A member of a Masonic affiliated youth organization in Connecticut (including Majority Rainbow and Senior DeMolay) with permanent residency in Connecticut.
  - A member of the Order of the Amaranth in Connecticut who **resides in Connecticut.**
  - A child or grandchild of a member of the Order of the Amaranth who **resides in Connecticut.**
- (B) *Complete and submit the application accompanied by:*
- Personal letter as specified on the application form;
  - Official school transcript;
  - Two letters of recommendation as specified on the application form, postmarked **NO later than FEBRUARY 15th** and mailed to the Chairman of the Scholarship Committee.
3. APPLICATIONS: Can be obtained from the following:
- Grand Royal Matron, Grand Secretary, Secretaries of all local Amaranth Courts and from the Chairman of the Scholarship Committee.
- It is important to note that the Scholarship Chairman changes each year. Please check with any member of the Order of the Amaranth to obtain information so that it will not cause undue delay.*
4. ANNOUNCEMENT: These scholarships will be awarded at the Annual Grand Court Session. You will be notified as to the time and place.
5. ADMINISTRATION: The Scholarship Committee appointed by the Grand Royal Matron administers the scholarships. The Grand Royal Matron serves as the final judge in the selection of the recipients.
6. SCHOLARSHIP CHAIRMAN: Sandra Osten  
45 New Castle Drive  
Huntington, CT 06484-5013  
Phone: (203) 929-5710  
Email: NewCastl45@aol.com

***NO APPLICATIONS WILL BE ACCEPTED POST MARKED LATER THAN FEBRUARY 15th  
OR NOT ACCOMPANIED BY ALL REQUESTED LETTERS OR INFORMATION.***

**SCHOLARSHIP APPLICATION  
ORDER OF THE AMARANTH - STATE OF CONNECTICUT**

1. Name of the Applicant \_\_\_\_\_  
First Name Middle Initial Last Name

2. Connecticut Address \_\_\_\_\_

3. City \_\_\_\_\_ State **CT** Zip Code \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

5. Father's Name \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

6. Mother's Name \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

7. No. of Children in Family:  
Age \_\_\_\_\_ Grade \_\_\_\_\_; Age \_\_\_\_\_ Grade \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_; Age \_\_\_\_\_ Grade \_\_\_\_\_

8. a) Member of which Masonic Youth Organization:  Rainbow  DeMolay  
Assembly or Chapter Name and Location \_\_\_\_\_

b) Member of which Amaranth Court and Location \_\_\_\_\_

c) Child or Grandchild of \_\_\_\_\_  
Member of which Amaranth Court and Location \_\_\_\_\_

9. Name and Location of School attending or desiring to attend \_\_\_\_\_

10. Has school accepted Applicant?  Yes  No

11. Have you ever applied for the Order of the Amaranth scholarship in Connecticut?  Yes  No

**TO ACCOMPANY THIS APPLICATION**

- A. A letter personally written by the Applicant describing and listing:
- Organization participation and outside activities (church, school, community, and work).
  - The Applicant's educational objectives.
  - Any family status or pertinent information you feel should be taken into consideration by the committee.
- This application must be signed by the applicant (see below).
- B. A copy of Applicant's Official School Transcript and notification of acceptance if applicable.
- C. Two (2) letters of recommendation:
- One (1) letter from Clergy of Applicant's church or synagogue, or a member of the Order of the Amaranth, or Member of Advisory Board of Masonic Youth Organization.
  - One (1) letter of recommendation from an individual familiar with the Applicant's academic accomplishments (teacher, professor, faculty advisor, guidance counselor or principal).

This award is to be used for Education within 10 months. If not, the Award is to be returned to the Scholarship Committee Chairman. Sponsors of this Applicant will receive a copy of this Application noting the requirements.

The Applicant will forward the completed application packet to the Scholarship Chairman **POSTMARKED NO LATER THAN FEBRUARY 15th**. Applications postmarked after this date will not be considered.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_