

TO BE COMPLETED BY APPLICANT

1. NAME OF APPLICANT _____ SSN _____
FULL ADDRESS _____ PHONE _____
NAME & NO. OF ASSEMBLY _____
2. Date of Birth _____
3. Place of Birth _____
4. INSTITUTION you plan to attend _____
 a. Course of Study Planned _____
5. Name of High School _____
6. Father's Occupation _____ Firm or Company _____
7. Mother's Occupation (if employed) _____
8. School Activities _____

9. Church Activities _____

10. Other Activities _____

11. Need for Scholarship _____

12. Number of children in family, and ages: _____

I certify that the information given is complete and accurate.

Signature

Date

Return to Mother Advisor by April 1st

RAINBOW ADVISORY BOARD REPORT

1. Name of Applicant _____

Name & No. of Assembly _____

Please give indications of how this individual compares to most of the members of your Assembly. Does she participate 80% of the time or more.

2. Attendance at meetings _____

Practices _____

Obligatory Services _____

Socials _____

3. Service _____

4. Loyalty _____

5. Citizenship _____

6. Reliability _____

7. Cooperation _____

8. Financial Need _____

9. Applicant's Rainbow Participation (offices held, etc)

10. Other Remarks:

Chairman of the Board

Mother Advisor

Date

Return form to Mother Advisor by April 1st

SCHOOL REPORT OF APPLICANT

1. Concerning _____
Name of Applicant for Scholarship Award Order of Rainbow for Girls
2. Number of Graduating Class _____
3. Rank in the Class _____ Grade average _____
Please indicate the top average for this class _____
4. Do you know of her being offered any other scholarship? _____
(If yes, explain) _____
5. To your knowledge does this girl need a scholarship? _____

6. Remarks:

Name and position of School Official

Date

Please return this sheet to the Mother Advisor of her Assembly no later than April 1st

REPORT OF MINISTER, YOUTH PASTOR OR CHURCH ADULT LEADER

1. Concerning _____
Name of Applicant for Scholarship Award
2. Church affiliation _____
3. Is she a member of your Church _____
4. Attendance _____
5. Participation _____

6. Christian Leadership _____
(If yes, explain) _____
7. Financial Need _____
8. Remarks:

Signature

Date

ALL INFORMATION IS CONFIDENTIAL

Please return this sheet to the Mother Advisor of her Assembly no later than April 1st