

International Order of Rainbow for Girls

Illinois Grand Assembly Application for Scholarship

Date _____

This scholarship is being requested for the semester beginning (mmddyy) _____

1. Name _____ age _____

2. address _____

3. social security # _____ phone _____

4. high school attended _____

5. class rank _____ of _____ GPA _____ on _____ scale ACT score _____

6. parent or legal guardian _____

7. parent address _____

8. Mother's occupation _____ Father's Occupation _____

9. net combined family income _____

10. please explain why you need this scholarship

11. other scholarships and loans received and amount

12. your course of study in college _____

13. present plans regarding your career after college

14. Name and address of college where scholarship payout should be sent

I hereby make voluntary application for this scholarship. The data I have submitted is correct to the best of my knowledge.

applicant signature

parent signature