

Rainbow Scholarship Information Form

Award of scholarship grant is based upon Need, Scholarship, Effort, Service and Rainbow involvement.

Directions:

Applicant: Fill out this form completely and forward with three (3) letters of recommendation, a certified transcript of scholastic standing and essay to your Grand deputy. (Please put your name on each piece of paper you turn in to the scholarship committee)

Grand Deputy: Add your comments and forward to:

Lorie Roberts, 20205 S.W. Beach Blvd., Dunnellon, Fla. 34431

The completed form with attachments and Grand Deputy's comments must be postmarked by May 15, 2012

1. This is the first, second, third, or fourth year that I have applied for a Rainbow Scholarship.

2. Name _____ Age _____ Birthdate _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

3. Senior High School or College

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

4. High School or College Grade Point Average (Circle the appropriate average) A+ A A- B+ B B- C+ C C-

5. List employment (Include self-employment, babysitting, etc.)

Employer _____ Position _____ Years _____

Employer _____ Position _____ Years _____

Employer _____ Position _____ Years _____

6. List Service experience for last year only. (Hospitals, nursing homes, etc.)

Facility _____ Position _____

Facility _____ Position _____

Facility _____ Position _____

7. Date of your Initiation _____ Number of Rainbow Meetings Attended this year _____

8. Need: See instructions sheet. *Put information in an envelope, mark with YOUR NAME and NEED seal and attach to this form.*

9. List any other Scholarships applied for or received.

Donor _____ Amount _____

Donor _____ Amount _____

Donor _____ Amount _____

10. Complete a short essay on separate sheet of paper explaining your career goals and educational promise. (Please put your name on each piece of paper you turn in to the scholarship committee).

11. Provide three (3) letters of reference and list those people below.

Mother Advisor _____ Address _____

_____ Address _____

_____ Address _____

Grand Deputy - Please use the back of this form for your comments and signature or use separate sheet of paper.

