

EDUCATIONAL ASSISTANCE APPLICATION

An applicant can be a Graduating High School Senior, a Student already admitted to College or an Adult who wishes to improve his/her education. This is a ONE-TIME GRANT.

Each Applicant is required to:

1. Complete an application stating their relationship with an OES Member including the name and number of his/her Chapter.
2. Submit a letter stating the name of their Learning Institute and course of study they are pursuing.
3. A list of 3 personal references including their phone numbers. There are not to be relatives.
4. Send the completed application, by **APRIL 1**, to: Ms. Janet R. Siano

30 Callicoon Center Road
Jeffersonville, NY 12748

At the end of the first semester of study, the applicant must forward a copy of their transcript to the Chairperson listed above. If the application is being submitted after the first semester, the transcript should be attached. **All applications must be postmarked by April 1 each year.**

Upon receipt of the completed application, the information will be verified by the Chairperson of the Educational Assistance Committee and forwarded to the ranking Officer of the District for approval.

The approved applications will be forwarded to the Committee members for their approval.

Upon final approval of the applications, they will be forwarded to the Grand Secretary and Grand Treasurer for payment.

If there are any questions concerning this process, please call 845-796-6412 or e-mail to srj10@ymail.com

Thank you for your application.

Janet R. Siano

Chairperson

Revised July 1, 2025

EDUCATIONAL ASSISTANCE APPLICATION

This form is to be completed and mailed to: Ms. Janet R. Slano
30 Calicoon Center Rd.
Jeffersonville, NY 12748

1. Name of Applicant: _____

Address: _____

Telephone # _____

2. If you are a member of the Eastern Star, or a related Youth Group, give Chapter Name & # or Name of Youth Group:

3. If your Mother, Father or Grandparent is a member of the Order of the Eastern Star. Give Name and Number of Chapter:

Parents Name _____ **Chapter & #** _____

Mother: _____

Father: _____

4. If your Father is a Mason, give Name & Number of Lodge:

Name: _____ **Lodge Name & #:** _____

Have you applied to the Grand Lodge for an Educational Grant?

Yes _____ **No** _____

5. How did you learn of the Educational Assistance Program? _____

6. Indicate when you will need this assistance. Give approximate month and year.

7. To what extent is your Family able to assist you?

8. Have you applied for any other scholastic aid? Yes _____ **No** _____

Please describe: _____

9. Give three references (other than relatives) Names, address & telephone numbers:

A. _____

B. _____

C. _____

10. Please enclose with this application, a letter indicating the type of Educational Program you will be pursuing along with a letter of acceptance from the College, Trade School, BOCES, Technical School, Business School, Nursing School or Retraining School. This letter should also include your sources of income, approximate cost of your program, and your reason for the application.

11. If you have completed your first Semester of study, please include a copy of your Transcript with your application. If you have not started school at the time of your application, you will need to forward a transcript at the completion of your first semester to the following: Ms. Janet R. Siano

30 Callicoon Center Road

Jeffersonville, NY 12748

Upon receipt of the completed application, along with a transcript of grades, the process will be finalized and, if approved, a check will be issued.

If you have any questions, please feel free to contact me at 845-796-6412 or E-mail at srj10@ymail.com.

Signature of Applicant:_____

Date:_____

Thank you for your application and we wish you much success in your future.

Janet R. Siano

Educational Assistance

Chairperson

Newly Revised July 1, 2025