



SCHOLARSHIP APPLICATION FORM

The Odd Fellow and Rebekah Benefit Fund (the "Benefit Fund") is dedicated to supporting individuals, programs, and/or services committed to the enhancement of community and civic endeavors consistent with the tenets of the Independent Order of Odd Fellows and Rebekahs. The Benefit Fund is accepting applications from individuals who are pursuing an education in healthcare-related fields.

Eligibility

General qualifications:

- To be considered, the applicant's field of study must **further our mission to provide or support health care to individuals who are elderly, infirm, disabled, chronically ill, or disadvantaged with special health needs.**
- The Benefit Fund will award scholarships to applicants who are residents of New York State.
- Those who are interested in applying must submit a completed Application Form, which includes this entire document, including the signed Acknowledgment and Certification, and any supporting documentation.
- Make sure to fill in your name on each page of the Application Form and any supporting documentation.
- Send all materials to Odd Fellow & Rebekah Benefit Fund, P.O. Box 1907, Binghamton, NY 13905
- Should you have any questions please contact Oradell Banker at (570) 241-7477 or omeb@epix.net

Reporting and Continued Compliance

Throughout the term of the scholarship, successful applicants must provide documentation regarding the following basic requirements:

1. Proof of enrollment in designated coursework at a qualified post-secondary or vocational educational institution;
2. Sufficient academic performance (a minimum, cumulative GPA of 3.00 or equivalent);
3. Sufficient compliance with all applicable codes of conduct of the educational institution such that the recipient is not on any form of probation and has not been subject to any disciplinary measures.
4. Documentation of compliance is due to the Benefit Fund at the end of each semester to which the scholarship applies.

Name of Applicant: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are you affiliated with the Independent Order of Odd Fellows and Rebekahs? Yes _____ No _____
If "yes," please explain the nature of your affiliation on a separate document labeled "Prior Affiliation".

Name of educational institution: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Nature of studies (major; concentration; etc.): _____

Have you been accepted at this institution: Yes _____ No _____

Are you currently enrolled in this institution: Yes _____ No _____

If "yes", please answer the following:

Dates of attendance (mm/yyyy): From _____ to _____

Number of semesters remaining: _____

Anticipated graduation date: _____

Number of credits earned: _____ Current GPA: _____ out of _____

On a separate sheet, please provide one Letter of Reference and the names and contact information of three (3) references.

Name of Applicant _____

Please list and briefly describe the nature of your participation in any: a) community activities; b) public service; and/or c) extracurricular activities with which you are currently involved. Please use a separate document if additional space is needed.

Dates (mm/yyyy)	Your Role	Activity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any awards, scholarships, publications, or other special recognitions which you have received.

Essay Questions. On a separate paper labeled “Essay Responses” please provide clear answers to the following: (Please include your name at the top of each separate page.)

1. How does your field of study contribute to the Benefit Fund’s mission, “to provide or support health care to individuals who are elderly, infirm, disabled, chronically ill or disadvantaged with special health needs for those in New York State?”
2. What are your personal and career goals? What motivates you to want to achieve these goals?
3. How would you benefit from receiving this scholarship? (Why are you deserving of a scholarship?)

Name of Applicant _____

Distribution of Scholarship

The Benefit Fund will release any and all amount of a scholarship directly to the educational institution in which you are actively enrolled. Scholarship money will be applied only to amounts of tuition for such educational institutions. All successful applicants must cooperate with the Benefit Fund (or its agents) to ensure that payments are made in a timely manner; the Benefit Fund will not be responsible for late payments or for any fees or other consequences that may arise from any failure to make payment of the scholarship in a timely manner.

Name of Applicant _____

Acknowledgment and Certification

By signing below, I hereby acknowledge and/or certify as follows:

- I understand and agree that my application is subject to the review and approval of the Benefit Fund and that I am not guaranteed a scholarship or any other award.
- I understand and agree that the distribution of any scholarship will be based upon my compliance with the requirements set forth by the Benefit Fund, including the requirements set forth herein and in any future offer/acceptance letter, and that my failure to comply with such requirements will extinguish my right to receive any scholarship award and may result in the requirement that I repay previously disbursed monies. I agree to provide to the Benefit Fund all documentation or information that may be necessary or appropriate to demonstrate my eligibility and compliance.
- I understand and agree that any scholarship award will be directly provided to the educational institution named in this application. I further understand and agree that any scholarship award will be applied only to amounts of tuition at this institution.
- I hereby certify that I am not related to any individual who is an officer, director, Grants or Investment Committee member, or employee of the Benefit Fund. In the event that I learn of such a relationship, I will immediately bring it to the attention of the Benefit Fund.
- I hereby certify that all of the statements and information that I have provided pursuant to this application, including all supporting materials, are truthful, to the best of my knowledge, and that I meet the General Requirements for Eligibility.

Applicant's Signature Date

For office use only:

Date received: _____ Date awarded: _____ Amount: _____

Beginning semester: _____ Final semester: _____

Purpose: _____

Date denied: _____ Reason: _____
