



Masud Court No. 71

Daughters of Isis, P.H.A.
West Palm Beach, Florida

RETHA M. PHILLIPS EDUCATIONAL SCHOLARSHIP *General Instructions for Applicants*

1. If possible, please type the applicable and additional supporting materials requested.
2. Use only 8 ½ x 11 paper size for all supporting or extra documents submitted.
3. Every page of the document or extra material submitted must bear the applicant's name.
4. Wherever the space is provided in this form is not sufficient for an applicant to present fully the facts, it is requested that an additional page be used.
5. Attach an original transcript of your high school grades and credits to this application.
6. Write an essay, not to exceed two (2) pages, what winning a scholarship would mean to you.
7. Return your application to Masud Court #71 as soon as possible, as competition is keen. A checklist for items to be included is provided for your convenience.
8. Attach a copy of the family's 1040, 1040-A, or 1040-EZ forms.
9. Scholarship application must be received by March 31, 2007.

PERSONAL HISTORY

Name: _____
Last First Middle

Present Address: _____
Number Street City State Zip

Telephone No. (_____) _____ Fax or e-mail:

Date of Birth: _____ Number of Brothers: _____ Number of Sisters: _____
Father's Name: _____ Mother's Name: _____

Note: If your parents are deceased, divorced or separated give your guardian's name:

EDUCATIONAL HISTORY OF APPLICANT

Name and location of High School **Years of Study** **Date of Graduation**

APPLICATION DATA

Your Name _____ Social Security # _____ - _____ - _____ Phone# (____) _____

Address City State Zip Code

FAMILY AND INCOME DATA

Parent/Guardian Name: _____ Phone# (____) _____

Address, City, State, Zip: _____

Has any member of your family ever applied and received a scholarship from the Retha M. Phillips Scholarship Fund? _____

of Persons in Family _____ #of Persons in College _____ Total Family Income (Yearly) _____

HIGH SCHOOL/COLLEGE DATA

Name of High School _____ Year of Graduation _____

High School Address, City, State, Zip _____

Your High School GPA _____

College you plan to attend _____

College Address, City, State, Zip _____

Have you been accepted? Yes () No () Date classes begin: _____

SUPPORTING DOCUMENTATION: (Please enclose the following items with this application):

1. Your Federal Student Aid Report (SAR) or copy of Parent’s/Guardian’s 1040, 1040A, or 1040-EZ.
2. Official High School Transcript (Original Copy with Seal)
3. Applicant’s photograph.
4. Three (3) letters of recommendation including one from High School Counselor.
5. Applicant’s typewritten statement of not less than 100 words stating your reasons why you want to attend college. Include information about your extra-curricular activities, including community involvement, membership in organizations, and any honors that you have received.

ABILITY AND COMPETENCE

1. Indicate your rating with other students. Check the applicable percentage group that represents your relative class standing upon graduation from high school.

Top 5% _____ Top 10% _____ Top 25% _____ Below 50% _____

2. Indicate the scores made by you on the following tests:

a. School and College Ability Test (SCAT) _____

- b. College Board Scholarship Aptitude Test (S.A.T.) _____
- c. Other test: _____

STUDY INTEREST

1. Check the field of your interest (if none of these), please indicate and state otherwise

Business: _____ Social Work: _____ Nursing: _____ Education: _____

My interest of study is: _____

2. What, if any degree do you anticipate? _____

3. Which institution will you enroll: _____

Location of Institution: _____
Address City State Zip Code

4. Have you been accepted or granted permission to enter the institution of your choice?
 Yes (___) No (___)

5. Indicate the date of your acceptance by this institution _____

REFERENCES

List below three references who must write confidentially about your character and responsibility as a citizen of your community. The letters must be mailed to the Scholarship Chairperson for the Retha M. Phillips Educational Scholarship: 123 Van Gogh Way, Royal Palm Beach, FL 33411.

<u>Name of Reference</u>	<u>Position</u>	<u>Address City</u>	<u>State</u>	<u>Zip</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____



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Daughters of Isis, P.H.A.

123 Van Gogh Way

Royal Palm Palm Beach, Florida

RETHA M. PHILLIPS EDUCATIONAL SCHOLARSHIP

VERIFICATION OF ENROLLMENT

Your Name _____ Social Security No.: _____
Last First M.I.

Your Campus Address: _____ ZIP _____

Your Permanent Address: _____
ZIP _____

I, _____ hereby give permission for _____
Name of Educational Institution

to release information about my enrollment to Masud Court No. 71, Daughters of Isis, Retha M. Phillips Educational Scholarship Fund and its Representative: _____
Masud Court # 71, Scholarship Chairperson

Signed: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY EDUCATIONAL INSTITUTION

_____ is officially enrolled and attending classes at _____
As of: _____
Name of Educational Institution Date

Name of person completing this form: _____

Title: _____ Date Completed: _____

Institution's Official stamp and seal required:

Return this form and official transcript to:

Dt. Althea Stafford, Co-Chairperson
123 Van Gogh Way
Royal Palm Beach, FL 33411