# "Second Chances" Scholarship

(in memory of Dorothy M. Yothers)

Up to \$1,000 per quarter based on financial need. Renewable up to completion of the course based on a GPA of 3.0

Although Dorothy, wife of Bob Yothers, Past National President of the Benevolent and Protective Order of Elks, has flown off to a brighter dawn, this scholarship seeks to help deserving mature women, who seek a better life, finance their educational goals.

WHO MAY APPLY: Any female over 25 years of age who plans to pursue an eligible Vocational/Technical course in the state of Washington, above and supplemental to high school or preparatory school level, may file an application. All applicants must be citizens of the United States of America on the date the application is filed. This application must be filed with Washington State Elks Association.

The definition of an eligible program shall be comparable to that contained in the Federal Vocational Legislation. It is defined as a two-year or less Vocational/Technical program, culminating in an associate degree, diploma or certificate less than a baccalaureate program (Bachelors Degree). This scholarship is not intended for women seeking Bachelor's Degrees or post graduate degrees.

The grant may be used for tuition and fees, books and supplies. It may be used only for usual and required costs of applicant's planned course of study and must be paid directly to the school.

After completing this application, the applicant should make a photocopy for her own record.

Incomplete applications will be disqualified. It is essential that all information be given in detail, especially information as to the costs to live, attend the chosen course, and circumstances which make the candidate needy.

### Mail completed application postmarked by May 15

to: Dorothy Yothers Memorial Scholarship Washington State Elks Association P.O. Box 110760
Tacoma, WA 98411-0760

The scholarship will be awarded in the summer for use beginning in the Fall.

# **GENERAL INSTRUCTIONS**

# APPLICATIONS and all supporting documents must be in English.

Letters must be originals, on one side of a single sheet of 8-1/2 x 11 inch paper, and signed by the author.

#### ORDER OF EXHIBITS:

- A. Application completed in full.
- B. A statement by the applicant of between 200 and 300 words, summarizing her activities, accomplishments, financial needs and objectives which the applicant thinks qualifies her for a grant.
- C. A letter of not over 150 words from a person having knowledge of the facts, presenting a picture of the family situation and showing the applicant's family background, (such as number of children in family, number of children still at home, and any information to establish factors judged under Judging Standards). Letter should include writer's relationship to applicant.
- D. Letter of recommendation from someone who has served in a supervisory position such as an employer or supervisor attesting to the applicant's reliability, motivation and trustworthiness. All letters should include the name, address and phone number of writer for verification.
- E. Any other information which you feel will be helpful in judging your worthiness for a scholarship.
- F. Copies of transcripts of grades if the course is in progress.
- G. Finalists will be interviewed by judges either in person or by phone.
- H. Any incomplete sections will disqualify the candidate.

#### JUDGING WILL BE FOR THE FOLLOWING:

- 1. MOTIVATION General worthiness, desire.
- 2. NEED Financial need, resourcefulness.
- 3. SKILLS Showing a good aptitude toward chosen vocation.

Winner must be willing for her name, story and picture to be used in fund-raising activities for this scholarship.

**Note:** This scholarship is intended for women seeking vocational education in the state of Washington, not four-year degrees or post graduate degrees.

Payment to School After Proof of Registration

# DOROTHY YOTHERS MEMORIAL SCHOLARSHIP APPLICATION Up to \$1,000 per quarter or semester , renewable

| NAME   | SOCIAL SECUR                | ITY #          | _        |
|--|-----------------------------|----------------|----------|
| ADDRESS  | PHONE _                     | ( )            |          |
| CITY   | STATE                       | ZIF            | <u> </u> |
| DATE OF BIRTH PLACE  | OF BIRTH                    | AGE            | SEX      |
| Note: Applicants must be females over                          | er the age of 25 at time of | f application. |          |
| CITIZENSHIP - UNITED STATES (Y                                 | /N)                         |                |          |
| If not born a United States citi                               | zen, place of birth         |                | _        |
| If naturalized citizen give Natu                               | uralization date:           |                |          |
| NAME OF HIGH SCHOOL ATTEND                                     | ED:                         |                |          |
| ADDRESS  | City and S                  | State          |          |
| YEAR GRADUATED   | GRADE POINT AVERAG          | GE (GPA)       |          |
| OR I AM NOT A HIGH SCHOOL GRA                                  | ADUATE, BUT I HAVE R        | ECEIVED MY C   | G.E.D.   |
| ADDRESS  | YE                          | AR RECEIVED    | )        |
| NAME VOCATIONAL/TECHNICAL S<br>SCHOOLS, BEYOND HIGH SCHOO      |                             |                | R OTHER  |
| School:  |                             |                | _        |
| (Name)   |                             |                |          |
| Address: (include Address, City and Sta                        | ate and Zip)                |                | _        |
| School:  |                             |                | _        |
| (Name)   |                             |                |          |
| Address:(include Address, City and Sta                         | ate and Zip)                |                |          |
| COLLEGE OR VOCATIONAL SCHO (School must be in Washington state |                             | NNING TO AT    | TEND:    |
| School:(Name)  |                             |                |          |

| Address: (include Address, City and State and Zip       | <u></u>  |                      |          |    |  |  |  |
|---|----------|----------------------|----------|----|--|--|--|
|   |          | Course               | will and | 20 |  |  |  |
| First Year-Date course began or will begin              |          |                      |          |    |  |  |  |
| Second Year-Date course will begin 20 Course will end 2 |          |                      |          |    |  |  |  |
| Vocational Goal (Give name of course of study)          |          |                      |          |    |  |  |  |
|   |          |                      |          |    |  |  |  |
| Oursell and the second of the second of the second      |          |                      |          |    |  |  |  |
| Current employment. If Unemployed at this time          |          |                      |          |    |  |  |  |
| Employer: Da  | ates of  | Employment           |          |    |  |  |  |
| Address:  |          |                      |          |    |  |  |  |
| City, State, Zip:                                       |          |                      |          |    |  |  |  |
| Person to contact with phone:                           |          |                      |          |    |  |  |  |
| Activities you are involved in (School or Civic):       |          |                      |          |    |  |  |  |
|   |          |                      |          |    |  |  |  |
| Names and ages of dependents under 18 or dis            | sabled ( | excluding applicant) |          |    |  |  |  |
|   |          | , J                  |          |    |  |  |  |
|   |          |                      |          |    |  |  |  |
|   |          |                      |          |    |  |  |  |
|   |          |                      |          |    |  |  |  |
| This form must be complete or application will be       | e disqu  | ualified.            |          |    |  |  |  |
| Budget for full Academic Year of                        | H        | ow many months       |          |    |  |  |  |
| (a) Tuition and Fees (per quarter or semester, n        | not mor  | thly)                |          | \$ |  |  |  |
| (b) Estimated books and supplies                        |          |                      |          | \$ |  |  |  |
| (c) Estimated travel                                    |          |                      |          | \$ |  |  |  |
| TOTAL ESTIMATED COST (a+b+c)                            |          |                      |          | \$ |  |  |  |

| Current Money Availab                    | <u>ole</u>  |               |            |               |           |          |  |
|--|---|---------------|------------|---------------|-----------|----------|--|
| (d) Other grants or sch                  | Other grants or scholarship for upcoming terms                      |               |            |               |           |          |  |
| (e) Personal money se                    | ) Personal money set aside for school costs                         |               |            |               |           |          |  |
| TOTAL CURRENT FU                         | OTAL CURRENT FUNDS AVAILABLE (d+e)                                  |               |            |               |           |          |  |
| AMOUNT NEEDED TO (Total of a+b+c minus   |   | \$            |            |               |           |          |  |
| Applicant's current and                  |   | \$            |            |               |           |          |  |
| Annual income of all o                   | Annual income of all other persons over 18 living in your residence |               |            |               |           |          |  |
| Explain how this will cl                 | nange while you are   | e in school o | n page 6.  |               |           |          |  |
| CURRENT MONTHLY                          | 'INCOME:  |               |            |               |           |          |  |
| Salary of Applicant                      |   | \$            |            |               |           |          |  |
| Other family s                           | alary   | \$            |            |               |           |          |  |
| Aid to Depende                           | ent Child.  | \$            |            |               |           |          |  |
| Unemploymen                              | t   | \$            |            |               |           |          |  |
| Public Assistar                          | nce   | \$            |            |               |           |          |  |
| Food Stamps                              |   | \$            |            |               |           |          |  |
| Support Payme                            | ents  | \$            |            |               |           |          |  |
| Pension                                  |   | \$            |            |               |           |          |  |
| Soc. Sec./Disa                           | bility /L& I  | \$            |            |               |           |          |  |
| Other (please                            | explain on p. 6)  | \$            |            |               |           |          |  |
| TOTAL INCO                               | ME  | \$            |            |               |           |          |  |
| Important!!! If incorpage 6.             | me does not mee   | t expenses    | , explain  | fully how fa  | mily sur  | vives on |  |
| Assets (List all Real E 6 if necessary.) | state, Cars, Boats,   | RVs, IRAs,    | CDs, Stocl | ks, investmei | nts, etc. | Use page |  |
| Estimated Value of As                    | sets \$   |               |            |               |           |          |  |

| In your | application | letter a | and on t | the back  | of this | form,   | explair | n your f | inancia | ıl situ | ation | and a | any |
|---------|-------------|----------|----------|-----------|---------|---------|---------|----------|---------|---------|-------|-------|-----|
| unusual | circumstar  | nces in  | detail.  | Since     | this s  | schola  | rship i | s base   | ed on   | а со    | mbin  | ation | 0   |
| potenti | al to succe | ed and   | financ   | ial need. | failur  | e to do | this w  | ill disc | ualify  | vou.    |       |       |     |

| I certify that all information in this application is true. I also certify that I will be willing for my name, story and picture to be used in fund-raising activities for this scholarship. I understand that finalists will be interviewed by judges either in person or by phone. |
|--|
| DATE: SIGNATURE OF APPLICANT   |
|  |
| Use additional sheets if these questions cannot be answered in the space given.  |
| Explain "other income": listed on front:   |
|  |
| Explain how family survives financially if listed income does not match expenses:  |
| List assets not listed on front:   |
| Explain how family's income will change when you are a full-time student, if you are not currently in school, and how you and your family will meet monthly expenses then. This scholarship pays school expenses not living expenses.  |