

Mother Morisseau Scholarship Fund

Dear Prospective Applicant:

The Past Honored Queens Club of Bethel #19 is proud to honor the memory of Mrs. Gladys Morisseau through the Mother Morisseau Scholarship Fund. Each year, the Fund provides financial assistance to worthy young women.

To qualify for this scholarship, you must meet the qualifications listed in the attached information. Your application will be judged by a review panel comprised of Past Honored Queens of Bethel #19. You can re-apply each year, and win more than once.

At least one scholarship will be awarded each year, based on suitable candidate applications. The amount of the scholarship may vary from year to year, but will never be less than \$250. The scholarship(s) will be awarded in June.

Mother Morisseau faithfully served Bethel #19 for 55 years. She was dedicated to providing young girls and women with an environment in which to enjoy activities, build lasting friendships and develop character, thus becoming well-rounded members of society. It is in that spirit that the Mother Morisseau Scholarship Fund exists.

Please read the enclosed information carefully. Your application must be postmarked or received by e-mail no later than May 10, 2024. If you have any questions, please contact one of the people listed below.

Sincerely,

The Past Honored Queens Club of Bethel #19

Carol Zimmer
314-832-3861

Bev Harms
314-966-2349

Guide for Mother Morisseau Scholarship Fund Application Past Honored Queens Club of Bethel #19

Application deadline: May 10, 2024

Qualifications: (all must apply)

- Young woman who is a high school senior or undergraduate/graduate student of an accredited college, university, junior college or technical school.
- Have a minimum 2.0 grade point average in current school or last school attended.
- Enrolled full-time in accredited college, university, junior college or technical school within one (1) year of date award is given.

Selection:

The selection committee is comprised of a review panel of members appointed annually by the Past Honored Queens Club of Bethel #19. No Bethel parent or family member may be on this committee. Applications are judged on a numerical rating that considers need, academic and community activities, and Bethel participation. There will be a minimum of one (1) winner per year, based on suitable applications. The winner will be announced in June.

Financial support:

The scholarship is funded only through private donations from Past Honored Queens, Majority Members and other supporters of Bethel #19 in memory of Gladys Morisseau's 55 years of service to Bethel #19. The scholarship fund is a 501(c)3 nonprofit, which makes all donations fully tax deductible.

How to submit:

Complete and return the Application and Application Designation Form (printed version in an envelope or e-mailed as a PDF).

Mail to: Diane Haywood, 1335 Greenmar, Fenton, MO 63026

E-mail to: dwhstl@juno.com

Applications must be postmarked or e-mailed by May 10, 2024.

Applicant # _____

Mother Morisseau Scholarship Fund Application

All information on this form will be kept strictly confidential. Identity of the applicant is not known by the selection committee. Attach additional paper if necessary.

Educational background:

High school _____ GPA: _____ out of _____

College/technical school _____ GPA: _____ out of _____
(if applicable)

Employment: (include current/past, and position/description)

School awards/recognition:

School activities/participation: (sports/groups/etc.)

Community/volunteer/church activities & recognition:

Bethel participation/activities: (if applicable)

What are your future goals/career plans?

What school do you plan to attend in the Fall?

Intended area of study:

Financial information:

How do you plan to finance your education?

Have you applied for other scholarships?

List scholarships & amounts you have already received?

Reason(s)/special needs for applying for this award:

APPLICANT DESIGNATION FORM

Mother Morisseau Scholarship Fund

PAST HONORED QUEENS CLUB OF BETHEL #19

Please fill in the first four lines only

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ E-MAIL _____

APPLICANT NUMBER _____

(to be filled in when received)