



LADIES' ORIENTAL SHRINE OF NORTH AMERICA, INC.

SHRINE YOUTH MEMORIAL SCHOLARSHIP IN MEMORY OF NOBLE JEFF FIGLER

Funded by Past Grand High Priestess Lady Linda Figler in honor of her Noble Jeffrey David Figler, this Memorial Scholarship was created to assist Shrine Patients and Shrine Organizational Youth in acquiring higher education and/or vocational skills to become positive successful members of society. There will be four (4) annual scholarships of \$1,000.00 each designated for (1) Shriners Children's Patients, (2) Order of Job's Daughters, (3) Order of Rainbow, and (4) Order of DeMolay.

APPLICATION

Read and follow the instructions carefully prior to submitting your application. All winners will be notified on or before June 30. If selected you will be asked to provide additional documentation in support of all the information you provide. Applications will be accepted by members of the Ladies' Oriental Shrine as listed at the end of this application.

ELIGIBILITY

Eligibility Criteria for this Ladies' Oriental Shrine Scholarship

- Must be an active or past member of a Masonic Youth Organization for at least a year, or a current or former patient of Shriners Children's.
- Must live in a country which has a Ladies' Oriental Shrine Court. Currently a limit of applicants to North America and North American training and education facilities.
- Must provide information on type of training or educational goal and an employment need for the specific training or educational pursuit.
- Application must be for education or training with a fully accredited institution within the above stated geographic area.

Name and full contact address of Masonic Organization or Shriners Children's Facility:

(Name)

(address) (city) (state) (zip code)

Proof of Affiliation:

I have been a member of (*name of organization*) for (*number of years*) and my dues card and/or written attestation is attached.

I am a current or former patient of Shriners Children's for (number of years) and written attestation is attached.

Members of Masonic Youth Organizations:

Describe community activities, volunteer work, honors or offices held in these organizations, include why your membership in your organization is important to you and what you have gained from your experiences.: (If more room is needed attach a separate page)

PERSONAL DATA

Full Name:

(First) (Middle) (Last)

Permanent Residential Address:

(address) (city) (state) (zip code)

Mailing Address (if different from above):

(address) (city) (state) (zip code)

Birthdate:	(mm/dd/yyyy)	Email:
Home Phone:	Mobile Phone:	
Are you a US Citizen? (Yes) (No) (circle one)		

Full Name of Parent or Legal Guardian:

(First) (Middle) (Last)

Permanent Residential Address:

(address) (city) (state) (zip code)

Mailing Address (if different from above):

(address) (city) (state) (zip code)

ACADEMIC OR TRAINING GOALS

Where do you intend to use the scholarship money for training or academic pursuit?

Name and Address of College or Vocational Institution:

(name)
(address) (city) (state) (zip code)
(Accreditation)

Have you applied for admission? (Yes) (No) (circle one)

Have you been accepted at the time of this application? (Yes) (No) (circle one)

If you answered no, when will you be advised of acceptance? (date)

What is your intended major area of study?

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Please check status at the time of application:

- ☐ I will be graduating high school in spring or summer of 2025

- Name and address of High School:

(name)

(address) (city) (state) (zip code)

- Current cumulative GPA: (attach transcript)

- ☐ I have or will receive my GED on (mm/dd/yyyy)
- ☐ I have never attended college or vocational school
- ☐ I have less than one year of college or vocational training credits
- ☐ I have more than one year of college or vocational training credits

Full Names and contact information of advisors, teachers, non-family members from the Masonic Community and/or hospital staff you have worked with, as a member or patient, who are providing attached letters of recommendation.

(full name)

(phone) (email)

(full name)

(phone) (email)

(full name)

(phone) (email)

Essay: In 2000 words or less describe your educational or training goals and the reason you have chosen this particular field as your goal. Describe the advantages received by this particular education or training in the current employment market. What will be the resulting accreditation which can be earned from attendance at this institution. Why is this scholarship important to you in meeting your goal? Include any work history, academic, non-academic, personal experiences or interests that make you uniquely worthy of receiving this scholarship.

Applications can be submitted to any current member of the Ladies' Oriental Shrine of North America, an authorized staff member of Shriners Children's Medical Facilities or emailed to: scholarshiplosna@gmail.com. This year's deadline for submission is June 15, 2025