



Robbin and Alan Grill Scholarship Fund Application

Name: _____

Assembly: _____ No. _____

Address: _____

Phone: _____ DOB: _____

Name of college attending: _____

Address of college: _____

If not currently attending, have you been accepted? *(Circle One)* Yes No

Major(s): _____

How long is this program? *(Circle One)* 1 Year 2 Years 3 Years 4 Years Longer: _____

What year will you be in the fall? *(Circle One)* Freshman Sophomore Junior Senior Other: _____

Tuition: \$ _____ Books: \$ _____ Other Supplies: \$ _____ TOTAL: \$ _____

Please include the following with your application:

- ☐ Latest transcript of grades
- ☐ One current letter of recommendation from a principal/administrator, school advisor/counselor, or teacher/professor
- ☐ One current letter of recommendation from the Mother Advisor of your Assembly
- ☐ A 100-150 word statement of why financial assistance is necessary
- ☐ An essay addressing one of the following prompts:
 - What influence has Rainbow had on your life?
 - How will you apply Rainbow to your future life?
 -

Please send a completed application package with the above documentation by April 15th to:

Mrs. Stacy M. Desrosiers
Supreme Deputy in NH
65 Thornton Rd.
Nashua, NH 03063

“I hereby make application to the Robbin and Alan Grill Scholarship Fund for a scholarship to assist me in furthering my education. I understand that this scholarship is a gift, and I do not need to repay the award if received.”

Applicant's Signature

Date