



## **SCHOLARSHIP INFORMATION SHEET**

**Scholarship deadline is March 28, 2025 by 5pm.**

To apply for a scholarship with the Cherokee Strip Community Foundation:

- Complete the CSCF Scholarship Application Form accompanying each scholarship. It's a fillable PDF and typed applications are preferred.
- Provide any scholarship-specific addendums to the application form.
- Include a copy of your FAFSA form.
- Submit current transcript with ACT scores.

Other notes:

- Please submit individual application and scholarship –specific addendums attached in separate envelopes or folders
  - For example, if applying to multiple scholarships, put each scholarship and specific addendums in the same envelope/folder and the second in another envelope/folder.
- Do not provide attachments that are not requested by the scholarship.
- Incomplete applications or those received after the deadline will be disqualified and not considered for review.

Applications should be mailed, delivered, dropped in mail slot, **or** electronically submitted to:

Cherokee Strip Community Foundation  
324 N Van Buren St  
Enid, OK 73703  
scholarships@cherokeestripcf.com

Applications must be completed by the student.

Scholarship winners will be required to complete and return a scholarship acceptance form providing necessary information about their school of choice prior to scholarships being paid.

Award recipients will either be recognized at their high school award assembly or be notified directly by Cherokee Strip Community Foundation no later than May 31<sup>st</sup>.

Please direct any questions to Cherokee Strip Community Foundation at 580-234-3988.



## **Estella Alexander Memorial Scholarship**

### **About:**

Estella Alexander graduated from Garber High School and then attended both OSU and Phillips University. She began teaching in 1934 where she taught in the Enid area for many years. When she died in 1996, part of her estate was left to the Order of the Eastern Star, Chapter No. 36, Enid, Oklahoma who created this scholarship in her memory.

### **Award:**

The amount varies. Funds are granted directly to the Bursar's office at the institution the recipient chooses, upon evidence of enrollment in an eligible institution. The scholarship is to be awarded one time, not on a recurring basis.

### **Eligibility Criteria:**

- Student demonstrates financial need.
- The student plans to attend a college, university, or technical school within the state of Oklahoma.
- The student has graduated from an accredited high school or equivalent institution within Alfalfa, Garfield, Grant, or Woods Counties.
- If above criteria is met and equal, preference will be given to those with a Masonic affiliation.
- Scholarship recipients are eligible to apply for a 2nd year if the recipient continues to meet the eligibility requirements and is in good standing at the educational institution the student is attending.
- The student is not related to any member of the selection committee.

### **Required Addendums:**

- 500 word or less essay highlighting personal accomplishments, achievements, and experiences that have given you considerable satisfaction and have helped to form your character. Please include your aspirations in terms of your educational and career goals, and explanation of financial need.
- One letter of recommendation from a teacher or work/volunteer supervisor.
- A copy of the applicant's most recent transcript with ACT score.
- Completed FAFSA form.

\* Incomplete applications or those received after the deadline will be disqualified and not considered for review.



## SCHOLARSHIP APPLICATION FORM

Please clearly complete in typed or handwritten in pen. Any application that is not legible will not be considered. If additional space is necessary to answer required questions, please add additional typed pages and clearly state which question is being answered.

SCHOLARSHIP NAME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street/mailling address City State Zip

DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ # of Family members in Household: \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_ GPA: \_\_\_\_\_

PLEASE LIST AWARDS, HONORS, SCHOOL CLUBS (including office served, if applicable), & EXTRACURRICULAR ACTIVITIES:



PLEASE PROVIDE YOUR EMPLOYMENT HISTORY:

WHAT ARE YOUR COLLEGE PLANS?

Anticipated Field of Study: \_\_\_\_\_

ARE YOU RELATED TO ANY CSCF EMPLOYEE, BOARD OR COMMITTEE MEMBER?  Yes  No

If yes, what is the relationship? \_\_\_\_\_

\_\_\_\_\_  
Signature of student applicant

\_\_\_\_\_  
Date

By signing, you acknowledge that all information is true and correct, to the best of your knowledge, and that you, the student, completed the application and any required addendum/essay. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant, specifically, term grades and transcripts by the Cherokee Strip Community Foundation and the scholarship committee.