



Oregon Scottish Rite Education Foundation, Inc.

We wish you the best as you venture forward during one of the most exciting periods in your life. We hope we can help you meet the goals you have set out to achieve.

PLEASE READ:

There are three requirements an applicant must meet in order to be considered:

1. Letter of recommendation from a faculty member of your most recent attended school
2. Copy of your most recent academic transcript
3. Complete the below application

Open Date Dec. 1, 2025

Close Date March 30, 2026

Please email your letter of recommendation and academic transcript to: scholarships@orientr.com with subject line format as follows: 'First Name Last Name' - 'Transcript' or 'Recommendation'.

Online application is available at <https://orsrscholarships.com/>

Application Deadline: March 30, 2026

Scholarship Award Amounts: \$30000 (\$15000 for 2 years), \$10000, \$3000, \$2000

Application Form 2026

Fill all fields

Applicant (Full Legal Name): _____

Contact Information

Current Address: _____

City/State/Zip/County: _____

E-Mail: _____

Cell Phone: _____

Other

Phone: _____

Personal Background

Age:		Oregon Residence (yrs):	
Citizenship:		Name of High School:	
HS Graduation (year):		County in Oregon you live in:	



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List your most memorable extra-curricular activities (non-employment) (use extra pages as needed):

Activity	General Description	Duration

Employment Background

Provide a brief description of your workplace experiences over the past 5 years:

Employer	Duration	General Description of Nature of Work

For post-high school students

What will be your status in the next year of study? _____

Where will you be attending school? _____

Career goals

Describe your current career goals and why you merit this scholarship (max 500 words) (use additional pages if needed)

Additional Background

Are you a minor or a dependent?(required)

Yes

No

Have you ever received a Scottish Rite Scholarship?(required)

Yes (if yes what year)

No

Will you be attending a 4 year college or university?(required)

Yes

No

Projected school to attend in Fall? _____



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What will be your field of study _____

Describe any familial connection you have with Freemasonry _____

CERTIFICATION:

I certify the information provided in this application is true and complete to the best of my knowledge. If requested by a qualified official, I agree to provide proof of information. Failure to do so may cause disqualification.

Applicant: _____ Date: _____

Printed Name: _____

If you are a minor, one parent or legal guardian financially responsible for you must certify endorsement of this application.

Parent or Legal
Guardian: _____ Date: _____

Printed Name: _____

If additional pages are needed, attach them to the application.