

International Order of the Rainbow for Girls in Tennessee Adda Dinsmore Memorial Educational Scholarship Program

Scholarship Application Form

Full Name _____

Home Address _____

City, State, Zip _____

Cell Phone _____ Home Phone _____

Date of Birth _____ Email _____

Rainbow Assembly: _____ No. _____

Father's Name _____

Fathers Address _____

Phone _____ Email _____

Mother's Name _____

Mothers Address _____

Phone _____ Email _____

Name of College/University Attending _____

Address of College/University _____

College Classification as of **Fall of 2026** _____

Check one - Full Time Student _____ Part Time Student _____

Updated January 2026

Applicant's Personal Statement

The information requested will be used to best determine which applicants will receive a scholarship. It is intended to understand the circumstances of the applicant, and all statements and answers will be treated confidentially.

Parents' Combined Gross Yearly Income _____ (Note: as reported on parents' last IRS tax filing)

Applicant's current income (if any) _____

Once completed, please return this form by email to Mrs. Donna Hubbard at jdhubbard@charter.net or by mail at 2007 Lakeview Ave., Jefferson City, TN 37760.

An email response will be sent to the applicant when the application is received.

