

SCHOLARSHIP APPLICATION

OFFERED BY

THE MASONIC SCHOLARSHIP FUND OF MISSOURI, INC.

Please consider this application for the following scholarships:

Samuel Smith Stewart Scholarship
Masonic Merit Scholarship
Ruth Lutes Bachmann Scholarship

(LUTES BACHMANN FOR QUALIFIED HIGH SCHOOL GRADUATES TO ENABLE THEM TO BECOME NURSES OR SCHOOL TEACHERS)

THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. High School transcript (including test scores such as SAT, ACT, etc.) and, if you are now enrolled in college, a transcript of your college record through the most recently completed semester, quarter or similar term.
2. A typed statement of 300 to 500 words stating why you are applying for this scholarship.
3. A list of prior school activities, awards, offices held, and honors (high school and college). This must be separate from your essay.
4. A list of all community and volunteer activities within the community. This must be separate from your essay.
5. A short list of any extenuating circumstances you may have. This must be separate from your essay.
6. A list of newspaper publications to which you would like to have a news release sent if you are selected for a scholarship. Please include address, telephone number, FAX, and email.
7. A copy of your EFC page from the FAFSA form. www.fafsa.ed.gov.

APPLICATION DEADLINE MARCH 31, 2017

Mail to: Grand Lodge Office, 6033 Masonic Drive, Suite B, Columbia, MO 65202

1. The issuance of any scholarship is conditioned on enrollment as a full time student (taking at least 12 hours credit per semester or term leading to a degree) at an accredited college or university located in the United States.
2. Selection of scholarship recipients will be based on scholastic performance, aptitude and financial need.

Name of Applicant: _____
Home Address: _____
(Street City State - Zip)
County of home address: _____ Home Telephone No. _____
Number of years at this address: _____ Social Security Number: _____
Date of birth: _____
Name & Address of father: _____
Name & Address of mother: _____
Applicant's Current Employer: _____
Position: _____ Monthly Salary/Wages: \$ _____

Educational Information

Name of high school from which you will graduate: _____
Address of high school: _____
(Street City State - Zip)
Month and year of graduation from high school: _____ Telephone: _____
Grade Point Average: _____ on a _____ scale
Number of earned hours of credit at graduation: _____
[NOTE: A copy of your EFC page and transcript, including test scores (such as ACT, SAT, etc.) must accompany this application]
College you will attend for fall term: _____
Address of college: _____
(Street City State - Zip)
Telephone number of Financial Aid Office: _____
Your anticipated declared major: _____

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1. Expenses: \$ _____

Itemize anticipated school expenses (tuition, housing, etc.	
_____	\$ _____
_____	\$ _____
_____	\$ _____

2. Extenuating Circumstances:
-Please list any extenuating circumstances you wish to be considered with your application.

(Signature of Applicant) _____ (Date submitted) _____