APPLICATION DEADLINE:  
ONLY COMPLETE APPLICATIONS POSTMARKED OR RECEIVED ON OR BEFORE 
FEBRUARY 24, 2017 WILL BE CONSIDERED.

2017 MASONIC CHARITY FOUNDATION  
APPLICATION FOR SCHOLARSHIP  
Sponsored by the Grand Lodge of New Jersey

WILLIAM MAYER MEMORIAL SCHOLARSHIPS ($4,000)

Applicant must be a legal resident in the State of New Jersey, have completed a course of study in an accredited institution of higher learning and have been accepted by an institution of higher learning for the purpose of Post-Graduate Study. The applicant must plan to continue their studies by enrolling in the Fall of 2017 and is the child, step-child, grandchild or step-grandchild of living or deceased Master Masons in good standing in a Masonic Lodge of the Grand Lodge of New Jersey.

The scholarships are payable directly to the school upon receipt of the semester bill and official transcript from the preceding completed semester when applicable. Installments are $1,000 per semester for one year for a total of $2,000 (scholarship is payable for a maximum of 2 years (4 semesters)

Recipients are required to maintain a 2.0 Grade Point Average on a 4.0 grading system, earning at least 12 credits per semester or the scholarship will be forfeited.

Completed applications must be submitted to the Masonic Charity Foundation on or before February 24, 2017 and must include the following:

- A TRANSCRIPT OF GRADES
- SAT SCORES
- THREE LETTERS OF RECOMMENDATION FROM PROFESSORS
- STATEMENT OF FINANCIAL NEED WRITTEN BY THE APPLICANT
- A COPY OF THE FAMILY FEDERAL INCOME TAX RETURN FOR THE YEAR 2015
- PENDING PROOF OF ACCEPTANCE TO AN ACCREDITED QUALIFYING SCHOOL

Mail completed applications to: SCHOLARSHIP COORDINATOR  
MASONIC CHARITY FOUNDATION OF NEW JERSEY  
902 JACKSONVILLE ROAD  
BURLINGTON, NJ  08016  
FOR FURTHER INFORMATION CALL:  609-589-4032

THIS SECTION MUST BE COMPLETED OR THE APPLICATION WILL NOT BE CONSIDERED

Name of Sponsoring Mason

Last                             First                     Middle

I hereby affirm that the aforementioned Master Mason is/was in good standing in

Relationship to Applicant

___Father
___Step-father
___Grandfather
___Step-Grandfather

Lodge No.______________________

(above must be completed by applicant)

Signature of Scholarship Coordinator

Karla P. Lippincott

PREVIOUS FORMS ARE OBSOLETE.  THIS FORM REVISED SEPTEMBER 2016  
FOR FILING ON OR BEFORE FEBRUARY 24, 2017.
CONFIDENTIAL QUESTIONNAIRE

- Full Name of Applicant____________________________________________________________
  Last                                        First                                            Initial
- Home Address___________________________________________________________________
  No.              Street                                          City/State                                        Zip
- Telephone Number (       ) ______________________    Age_________      Grade_________
- E-mail Address_________________________________________________________________

- Family Annual Income from all sources: $________________________________________
  Other Assets:  Savings: $____________________     Investments: $_______________________
  Other: $___________________________________

- Academic:
  Name of College _________________________________________
  Street Address  _________________________________________
  City    __________ State ________ Zip ______
  Course of Study __________________Degree Earned __________
  GPA __________

BE SURE TO HAVE A COPY OF YOUR COLLEGE TRANSCRIPT FORWARDED
TO THE COMMITTEE

- Schools Applied to for Post-Graduate Study:                          Accepted
  A. _________________________________________
  B. _________________________________________
  C. _________________________________________
  D. _________________________________________
3.

- Names of Three (3) Professors or Employers:
  (Written recommendation required by each listed below)
  1. ________________________________________________
  2. ________________________________________________
  3. ________________________________________________

- Please attach to this application A CLEAR STATEMENT OF YOUR FINANCIAL NEED. Be sure to include your name on this statement. Please go into detail keeping in mind the following questions:
  a. What distinguished your need from others and sets you apart (what is unique about your need). Please discuss any special family situations.
  b. What have you done to date to help yourself further your education
  c. If you do not receive this scholarship how will you arrange to further your education?

- Employment:

<table>
<thead>
<tr>
<th>Self/Spouse</th>
<th>Employer:</th>
<th>Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- LIST OF JOBS YOU HAVE HELD DURING THE PAST TWO YEARS:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Length of Employment</th>
<th>Amount Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Please attach to this application a brief statement of your plans for the future and how this scholarship will help you attain your goals. Be sure to include your name on this statement.

- EVERY ITEM ON THIS APPLICATION MUST BE COMPLETED OR IT WILL NOT BE CONSIDERED.
- REMEMBER: NO EXTENSIONS OF THE FILING DATE WILL BE GRANTED.
- THE MASONIC CHARITY FOUNDATION OF NJ IS NOT RESPONSIBLE FOR LOST OR MISDIRECTED MAIL.

I HEREBY AUTHORIZE the Scholarship Committee of The Masonic Charity Foundation of New Jersey to request and obtain any further information it deems necessary.

ALL INFORMATION AND STATEMENTS ON THIS FORM ARE TRUE AND CORRECT.
4.

- Please attach to this application: **A CLEAR STATEMENT OF YOUR FINANCIAL NEED.**
  This is important information. *Please be sure to include your name on this attachment.*
  Please provide details, keeping in mind the following questions:

  - WHAT DISTINGUISHES YOUR NEED FROM OTHERS AND SETS YOU APART? (What is unique about your need?)
  - WHAT HAVE YOU DONE TO DATE TO HELP YOURSELF GET A COLLEGE EDUCATION?
  - WHAT ARE YOUR PARENTS’ OCCUPATIONS?
  - IF YOU DO NOT RECEIVE THIS SCHOLARSHIP, HOW WILL YOU ARRANGE TO GO TO COLLEGE?
    Please discuss special family situations; for example, a disability, a one-parent family, ill health of a parent, parent’s loss of job, number of siblings in college the year you plan to attend, etc.

- **EMPLOYMENT:**

<table>
<thead>
<tr>
<th>EMPLOYER – JOB HELD</th>
<th>MONTHS EMPLOYED</th>
<th>AMOUNT BEFORE DEDUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father/Guardian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother/Guardian</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List the jobs you (Applicant) have held during the past two years:

<table>
<thead>
<tr>
<th>EMPLOYER – JOB HELD</th>
<th>MONTHS EMPLOYED</th>
<th>AMOUNT BEFORE DEDUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Year</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Last Year</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

On your own, how much have you saved to assist in your college expenses? $_____

- What are your goals after college graduation? What will your Major be?
- Write a brief statement of your plans.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

- **EVERY ITEM ON THIS APPLICATION MUST BE COMPLETED OR IT WILL NOT BE CONSIDERED.**
- **REMEMBER:** NO EXTENSIONS OF THE FILING DATE WILL BE GRANTED.
- **THE MASONIC CHARITY FOUNDATION OF NJ IS NOT RESPONSIBLE FOR LOST OR MISDIRECTED MAIL.**

I HEREBY AUTHORIZE the Scholarship Committee of The Masonic Charity Foundation of New Jersey to request and obtain any further information it deems necessary.

I HAVE READ THIS APPLICATION AND IT HAS MY APPROVAL.

ALL INFORMATION AND STATEMENTS ON THIS FORM ARE TRUE AND CORRECT.

____________________________________  _______           ____________________________   _______
Signature of Applicant                                       Date                Signature of Parent/Guardian              Date