

APPLICATION DEADLINE:
ONLY COMPLETE APPLICATIONS POSTMARKED OR RECEIVED ON OR BEFORE
FEBRUARY 23, 2018 WILL BE CONSIDERED.

**2018 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 2018 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 23, 2018 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 2016
- 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			I hereby affirm that the aforementioned Master Mason is/was in good standing in
Last	First	Middle	
<hr/>			
<i>Please provide the FULL LEGAL name of the Sponsoring Mason.</i>			
Relationship to Applicant			
<input type="checkbox"/>	Father		<hr/> Lodge
<input type="checkbox"/>	Step-father		Lodge No. <hr/>
<input type="checkbox"/>	Grandfather		(above must be completed by applicant)
<input type="checkbox"/>	Step-Grandfather		<hr/>
DATED <hr/>			Signature of Scholarship Coordinator Karla P. Lippincott

**PREVIOUS FORMS ARE OBSOLETE. THIS FORM REVISED SEPTEMBER 2017
FOR FILING ON OR BEFORE FEBRUARY 23, 2018.**

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)

- _____
- _____
- _____

- 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:
 - What distinguished your need from others and sets you apart (what is unique about your need). Please discuss any special family situations.
 - What have you done to date to help yourself further your education
 - If you do not receive this scholarship how will you arrange to further your education?

- Employment:**

Self/Spouse Parent/Guardian:	Employer:	Position:

LIST OF JOBS YOU HAVE HELD DURING THE PAST TWO YEARS:		
Employer	Length of Employment	Amount Earned

- 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.

<ul style="list-style-type: none">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 <u>IS NOT</u> 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 GRADUATE SCHOOL?

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:**

EMPLOYER

POSITION

Father/Guardian _____

Mother/Guardian _____

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

EMPLOYER – JOB HELD	MONTHS EMPLOYED	AMOUNT BEFORE DEDUCTIONS
This Year _____	_____	\$ _____
Last Year _____	_____	\$ _____

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