

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)

Scholarships are available to *high school seniors* graduating in the Spring of 2018 and plan to continue their studies by enrolling in the Fall of 2018 in a *2 year institution of higher learning* (which must be fully accredited and offer a bona fide course of study and instruction) 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 for your undergraduate tuition upon receipt of the semester bill and applicable transcript reflecting the earning of at least 12 credits per semester toward graduation and a minimum 2.0 Semester GPA.

Any recipient not completing the academic semester or failing to maintain the academic requirements shall be placed on probation and/or forfeit all future installments. 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).

Students applying to four-year Under-graduate College or University are *not* eligible for this scholarship.

In order for an applicant to qualify for consideration, the student must have maintained a grade average of "C" or 2.0 on a scale of 4.0 over the last two completed years of high school.

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
- THREE LETTERS OF RECOMMENDATION FROM **TEACHERS**
- 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

Last First Middle

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

*Please provide the **FULL LEGAL** name of the Sponsoring Mason.*

Relationship to Applicant

____ Father

____ Step-father

____ Grandfather

____ Step-Grandfather

____ Lodge

Lodge No. _____

(above must be completed by applicant)

Signature of Scholarship Coordinator

Karla P. Lippincott

DATED _____

**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 _____

- **Assets of Parents/Guardians:**

Father/Guardian Annual Income from all Sources: \$ _____

Mother/Guardian Annual Income from all Sources: \$ _____

Other Assets: Savings: \$ _____ Investments: \$ _____

Other: \$ _____

Do you own ___ or rent ___ your home? State monthly payments: \$ _____

List all real estate owned and its assessed value:

_____ Value: \$ _____

_____ Value: \$ _____

_____ Value: \$ _____

- **Obligations of Parents/Guardians:**

Mortgages on Real Estate: \$ _____

Loans: \$ _____

Real Estate Taxes: \$ _____

Other (Describe) _____

Number of Dependent Children _____

- Academic:

Name of High School _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

GPA: ____ (Minimum Unweighted GPA to Qualify: 3.00 or B on a scale of 4)

Class Rank: ____ of ____

SAT Score: Combined _____ Math _____ Verbal _____ Written _____
(Minimum Combined SAT to Qualify: 1500 (old) or 1090 (new) – must submit proof of scores)

BE SURE TO HAVE A COPY OF YOUR HIGH SCHOOL TRANSCRIPT FORWARDED

- Institutions to which you have applied: Accepted
A. _____
B. _____
C. _____
D. _____

- Sports and Related Activities (In School/Out of School) Years Participated
A. _____
B. _____
C. _____
D. _____

- Extra-curricular Activities (In School/Out of School)

- **Submit Three (3) Written Recommendations from TEACHERS**

If recommendations and/or transcripts are not included with this application and are to be submitted separately by teacher(s) or school, it is the applicant's responsibility to ensure their receipt by February 23, 2018 or the application will be considered incomplete and disqualified.

- 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:**

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
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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 do you plan to major in? 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