

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

**2018 MASONIC CHARITY FOUNDATION
APPLICATION FOR SCHOLARSHIPS**

Sponsored by the Masonic Charity Foundation of New Jersey

LILLIAN M. AND FRANK M. TAYLOR SCHOLARSHIP (\$4,000)*

Scholarships are made available to New Jersey High School Seniors graduating in the Spring 2018 who will be enrolling in the Fall 2018 as full time college freshmen at a 4-year college or university and are the children, step-children, grandchildren or step-grandchildren 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 3.0 Semester GPA.* Any recipient not completing the academic semester or failing to maintain the academic requirements shall forfeit all future installments.

*Note: The Taylor Scholarships contain an additional requirement of thirty (30) hours of volunteer service to be completed at the Masonic Home of NJ each summer prior to the start of the Fall Term.
The Taylor Scholarships are offered to New Jersey High School Seniors only.

In order for an applicant to qualify for consideration, the student must have maintained a grade average of "B" or 3.0 on a scale of 4.0 over the last two completed years of high school and have scored a minimum combined SAT score of 1500 (old SAT – Jan. 2016 & earlier) or 1090 (new SAT – Mar. 2016 & future).

*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 **TEACHERS**
- STATEMENT OF FINANCIAL NEED WRITTEN BY THE APPLICANT
- A COPY OF THE FAMILY FEDERAL INCOME TAX RETURN FOR THE YEAR 2016

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/>			_____ Lodge
<i>Please provide the <u>FULL LEGAL</u> name of the Sponsoring Mason.</i>			Lodge No. _____
Relationship to Applicant			(above must be completed by applicant)
<input type="checkbox"/> Father			_____
<input type="checkbox"/> Step-father			_____
<input type="checkbox"/> Grandfather			_____
<input type="checkbox"/> Step-Grandfather			_____
DATED _____			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 _____

- **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 score)

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 on or before 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
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? 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