



## APPLICATION FOR SCHOLARSHIP AWARD

**Please Type or Print in Ink**

Application for Scholarship Award for academic year 20\_\_\_\_ thru 20\_\_\_\_

Case No: \_\_\_\_\_  
(Office Use Only)

(Mrs., Ms., Miss, Mr.) \_\_\_\_\_  
-Circle One- Full Legal Name

Tele. Number: \_\_\_\_\_

Student Address: \_\_\_\_\_  
Number Street  
City Zip County

High School(s) Attended: \_\_\_\_\_

Name of School City Years Attended

Name of School City Years Attended

Date of Graduation: \_\_\_\_\_ Intended Major: \_\_\_\_\_

College Choice: \_\_\_\_\_

If enrolled, College student I.D. number: \_\_\_\_\_

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name

State any other Lodge where you have turned this application in this year: \_\_\_\_\_

Signature: \_\_\_\_\_  
Student

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent, Guardian, or Spouse

Dated: \_\_\_\_\_

Please note that should you be awarded a scholarship grant, you may be contacted by a Foundation representative for media purposes.

PRINT THE INFORMATION LEGIBLY SO THE CERTIFICATES AND CHECKS SENT TO THE LODGE WILL BE CORRECT

**LODGE ENDORSEMENT**

**(To be completed by the Lodge)**

**RETURN THIS PAGE ONLY TO THE GRAND LODGE OFFICE**

**1 FORM PER SCHOLARSHIP RECIPIENT**

Student Name: \_\_\_\_\_  
Student Address: \_\_\_\_\_  
Student Phone: \_\_\_\_\_  
Attending School: \_\_\_\_\_

Lodge Name: \_\_\_\_\_ Lodge No. \_\_\_\_\_

The application was favorably voted on by the Lodge on: \_\_\_\_\_

Intended Lodge Contribution	\$ _____
Requested Foundation Contribution	\$ _____
Total of Scholarship	\$ _____

I hereby endorse that I have reviewed this application, ensured its completion, and that the Lodge has voted and approved the applicant for receiving the Scholarship for which they are applying.

Signed: \_\_\_\_\_  
Worshipful Master  
  
\_\_\_\_\_  
Secretary

Dated: \_\_\_\_\_

**CHECKLIST OF MATERIALS THAT MUST BE INCLUDED:**  
**NOTE: DO NOT FORWARD ITEMS 1 THROUGH 5 TO THE OFFICE, THEY ARE FOR YOUR RECORDS ONLY**

1. Two letters from school personnel
2. Two letters from non-school personnel
3. ACT/SAT test results
4. Official transcript from high school
5. Applicant's statement of vocational or professional goals
6. Signature of Worshipful Master
7. Signature of Secretary
8. Name, address, phone number of applicant
9. Amount of Lodge contribution
10. Lodge name & number

**NOTE: DO NOT DELAY** This page must be filled out completely and returned, by the Lodge, to the Grand Secretary's office, as soon after completion as possible. Please allow enough time to receive certificates and matching funds for any anticipated awards ceremonies.

**This form is for Lodge and Grand Lodge use only-To be returned to Grand Lodge Office**

\_\_\_\_\_  
\_\_\_\_\_  
Employment: (State name of employer(s), positions held, periods of employment, average weekly hours, earnings, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other

List all siblings and ages: \_\_\_\_\_  
\_\_\_\_\_

Have you been granted financial aid? \_\_\_\_\_ Details of the following:  
a) Scholarship \$ \_\_\_\_\_ b) Federal or State Loan \$ \_\_\_\_\_  
c) Pell Grant \$ \_\_\_\_\_ d) Campus Job \$ \_\_\_\_\_  
e) Other Grant \$ \_\_\_\_\_ f) Other \$ \_\_\_\_\_  
TOTAL FINANCIAL AID \$ \_\_\_\_\_

Have you reasons to expect financial aid from any other source? \_\_\_\_\_  
If so, give details: \_\_\_\_\_  
\_\_\_\_\_

Any additional data to show financial need and general worthiness, be specific in this: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_

**SCHOLASTIC (High School)**

Academic Honors and Awards (State Year and Nature of): \_\_\_\_\_  
\_\_\_\_\_

Member of Academic Organization (State name of organization, year, & if position held): \_\_\_\_\_  
\_\_\_\_\_

Elective courses taken (State name of class & year, i.e.: Band 2, 3; Choir 2-4; Art 1): \_\_\_\_\_  
\_\_\_\_\_

Courses I like the most (give short explanation & any successes): \_\_\_\_\_  
\_\_\_\_\_

Courses I disliked the most (give short explanation & any successes): \_\_\_\_\_  
\_\_\_\_\_

Faculty Member who made the most impression on me and why: \_\_\_\_\_  
\_\_\_\_\_

**EXTRA CURRICULAR (School Related)**

Honors and Awards (State year and nature of): \_\_\_\_\_  
\_\_\_\_\_

Offices and positions of Leadership (State name of group, position, year): \_\_\_\_\_  
\_\_\_\_\_

Member of Organization where *no office* was held (State name of group, year, i.e.: Drama 2, 3. Please state only major activities): \_\_\_\_\_  
\_\_\_\_\_

**EXTRA-CURRICULAR (Non-School Related)**

Honors and Awards (State year and nature of): \_\_\_\_\_  
\_\_\_\_\_

Offices and positions of Leadership (State name of group/organization, position, year): \_\_\_\_\_  
\_\_\_\_\_

Member of Organization (State name of organization, year, such as: Scouts, DeMolay, Jobs, Rainbow, 4H, Junior Achievement, Etc. –state only major activities): \_\_\_\_\_  
\_\_\_\_\_

## PHOTO RELEASE

I hereby declare that I am of legal age (unless otherwise stated below) and am the legal owner of, or have the right to permit the taking and use of, photographs and other property designated as personal assets.

For, and in consideration of good and valuable consideration, receipt of which is hereby acknowledged, I hereby give the Michigan Masonic Charitable Foundation, its legal representatives, affiliates, subsidiaries, successors and assigns, and all persons or corporations acting with its permission, or upon its authority, and all persons and corporations for whom it is acting, the absolute right and unrestricted permission to take, copyright, use, or publish photographic portraits or pictures of the designated property for art, advertising, trade, commercial use, or any other lawful purpose.

I hereby waive any right that I may have to inspect and approve the finished product or advertising copy that may be used in connection therewith, or the use to which it may be applied.

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I hereby acknowledge that I have read this release and waiver and fully understand the contents thereof.

\_\_\_\_\_  
Model Signature (or Signature of Authorized Agent  
or Parent or Guardian: State Relationship to Model)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Model Age

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
MMCF Representative