

**SCHOLARSHIP APPLICATION**

OFFERED BY

**THE MASONIC SCHOLARSHIP FUND OF MISSOURI, INC.**

Please consider this application for the following scholarships:

- Samuel Smith Stewart Scholarship
- Masonic Merit Scholarship
- Ruth Lutes Bachmann Scholarship

(LUTES BACHMANN FOR QUALIFIED HIGH SCHOOL GRADUATES TO ENABLE THEM TO BECOME NURSES OR SCHOOL TEACHERS)

**THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:**

1. High School transcript (including test scores such as SAT, ACT, etc.) and, if you are now enrolled in college, a transcript of your college record through the most recently completed semester, quarter or similar term.
2. A typed statement of 300 to 500 words stating why you are applying for this scholarship.
3. A list of prior school activities, awards, offices held, and honors (high school and college). This must be separate from your essay.
4. A list of all community and volunteer activities within the community. This must be separate from your essay.
5. A short list of any extenuating circumstances you may have. This must be separate from your essay.
6. A list of newspaper publications to which you would like to have a news release sent if you are selected for a scholarship. Please include address, telephone number, FAX, and email.
7. A copy of your EFC page from the FAFSA form. [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

**APPLICATION DEADLINE MARCH 31, 2017**

Mail to: Grand Lodge Office, 6033 Masonic Drive, Suite B, Columbia, MO 65202

1. The issuance of any scholarship is conditioned on enrollment as a full time student (taking at least 12 hours credit per semester or term leading to a degree) at an accredited college or university located in the United States.
2. Selection of scholarship recipients will be based on scholastic performance, aptitude and financial need.

Name of Applicant: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
(Street City State - Zip)  
County of home address: \_\_\_\_\_ Home Telephone No. \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Name & Address of father: \_\_\_\_\_  
Name & Address of mother: \_\_\_\_\_  
Applicant's Current Employer: \_\_\_\_\_  
Position: \_\_\_\_\_ Monthly Salary/Wages: \$ \_\_\_\_\_

**Educational Information**

Name of high school from which you will graduate: \_\_\_\_\_  
Address of high school: \_\_\_\_\_  
\_\_\_\_\_  
(Street City State - Zip)  
Month and year of graduation from high school: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Grade Point Average: \_\_\_\_\_ on a \_\_\_\_\_ scale  
Number of earned hours of credit at graduation: \_\_\_\_\_

**[NOTE: A copy of your EFC page and transcript, including test scores (such as ACT, SAT, etc.) must accompany this application]**

College you will attend for fall term: \_\_\_\_\_  
Address of college: \_\_\_\_\_  
\_\_\_\_\_  
(Street City State - Zip)  
Telephone number of Financial Aid Office: \_\_\_\_\_  
Your anticipated declared major: \_\_\_\_\_

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1. Expenses: \$ \_\_\_\_\_

Itemize anticipated school expenses (tuition, housing, etc.)
_____ \$ _____
_____ \$ _____
_____ \$ _____

2. Extenuating Circumstances:  
-Please list any extenuating circumstances you wish to be considered with your application.

\_\_\_\_\_  
(Signature of Applicant) \_\_\_\_\_ (Date submitted) \_\_\_\_\_