

SCHOLARSHIP APPLICATION

OFFERED BY

THE MASONIC SCHOLARSHIP FUND OF MISSOURI, INC.

This application will be considered for the following scholarships:

Samuel Smith Stewart Scholarship
Masonic Merit Scholarship
Ruth Lutes Bachmann Scholarship (For Nursing and Teaching)

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 essay of 300 to 500 words stating why you are applying for this scholarship and what are your future goals. You do not need to mention for financial reasons, we understand the costs with college.
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.

APPLICATION DEADLINE MARCH 15, 2021

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

1. The issuance of any scholarship is conditional 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 and aptitude.

Name of Applicant: _____

Home Address: _____
(Street) (City) (State) (Zip)

County of home address: _____

Number of years at this address: _____

Home Telephone No. _____

Date of birth: _____

Email Address: _____

Name & Address of father: _____

Name & Address of mother: _____

Applicant's (Student's) Current Employer: _____

Position: _____

Monthly Salary/Wages: \$ _____

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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 high school 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: _____

Extenuating Circumstances:
(Please list any extenuating circumstances that you would like us to consider.)

Please sign below that this application is true and correct.

(Signature of Applicant)

(Date Submitted)

You may include one letter of recommendation.