HOST MASONIC LODGE SCHOLARSHIP APPLICATION

2 Ridge Road High Bridge, NJ 08829



ONE YEAR SCHOLARSHIP OF \$1,000.00

Please Print Clearly

Student Name:			
ordaent i tantoi	(Last)	(First)	(M.)
Address:			
City:		State:	_ Zip:
Mailing address (if differen	t from above):		
City:		State:	Zip:
Name of School/Instituti	ion Currently Attending	& Transcript (MUST be included)):
Name and Address of Scl	hool Planning to Attend:	·	
Address:			
Major or Program of Stu	dy:		
Living with (Please check on	ee): Parents	Mother Father	Guardian
Father's Name:			
Father's Employer:			
Mother's Name:			
Guardian's Name:			
Approximate Appual Far	mily Income: \$		

ALL QUESTIONS MUST BE ANSWERED – PLEASE COMPLETE REVERSE SIDE

, ,	ontribute financially to your education? Include present job(s), any savings of earnings which will go towards paying tuition and school expenses:
Please state any unusual circun medical bills, other large debts	nstances which you wish taken into consideration, such as mortgages, excessive, siblings in colleges, etc:
Important Activities (School as	nd or Community) / Offices held:
Any additional	information pertaining to the above questions may be attached.
Signatures: Application will no	ot be accepted without BOTH the student and Parent/Guardian's signatures.
Student:	Parent/Guardian:
Date:	Your Phone Number:
Please mail this Application an Host Masonic Lodge #	d Transcript to: 6, Scholarship Committee, 2 Ridge Road, High Bridge NJ 08829
Scholarship Check will be mad	le out to school of attendance. Scholarship must be used in the year given.

ALL QUESTIONS MUST BE ANSWERED.

SCHOLARSHIP RECIPIENTS WILL BE NOTIFIED BY MAY 20, 2017.

A PERSONAL INTERVIEW MAY BE REQUIRED.

APPLICANT MUST BE PRESENT AT THE PRESENTATION IN ORDER TO RECEIVE THE AWARD.

SCHOLARSHIP CHECK WILL BE SENT TO THE RECIPIENT'S COLLEGE

Application may be photocopied.

APPLICATION DEADLINE: APRIL 1, 2017