



### 32° SCOTTISH RITE MASONS SCHOLARSHIP APPLICATION

Application to be personally completed by applicant, submitted in duplicate and received by **February 26, 2018** in Valley Secretary's Office. Any application received after that date cannot be considered for the ensuing academic year.

Return to Valley Secretary:  
Timothy Marshbanks

*(please type or print)*

**Valley of Grand Rapids (800) 340-4060  
233 East Fulton  
Grand Rapids, MI. 49503-3270**

*Additional pages may be attached for questions 4b, 4c, 14 and your Personal Statement.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

1. Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

2a. Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

2b. Mother's or Father's address *(if different than above)*: \_\_\_\_\_

3. Do your parents or grandparents hold a Masonic Organization Membership? Yes \_\_\_\_\_ No \_\_\_\_\_

3a. Parents - Which Masonic Group? \_\_\_\_\_

3b. Grandparents - Which Masonic group? \_\_\_\_\_

3c. ANY relative belong to a Masonic Group/Which group? \_\_\_\_\_

4a. To what youth organization affiliated with Freemasonry do (have) you belong(ed)? (DeMolay, Rainbow/ Job's Daughters, other)?  
\_\_\_\_\_

4b. To what other non-school related groups do you belong? \_\_\_\_\_

4c. State briefly your extracurricular school-related interests and activities? \_\_\_\_\_  
\_\_\_\_\_

5a. Name of accredited school to be attended: \_\_\_\_\_ Major: \_\_\_\_\_

5b. Address of school: \_\_\_\_\_

6. Current GPA: \_\_\_\_\_ 7. Which class will you be entering? (freshman, sophomore, Jr, Sr \_\_\_\_\_

8. Adjusted Gross Family Income as reported to the IRS: \_\_\_\_\_

9. Indicate amount of aid anticipated from sources other than family (grant, loan, job, other scholarship): \_\_\_\_\_

10. Provide an estimate of yearly financial needs:

Tuition: \$ \_\_\_\_\_  
 Books/Supplies: \$ \_\_\_\_\_  
 Room/Board: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

11. Present Sources of Income for School:

Job (work/study): \$ \_\_\_\_\_  
 Loan(s): \$ \_\_\_\_\_  
 Scholarship(s): \$ \_\_\_\_\_  
 Grants: \$ \_\_\_\_\_  
 Other Revenues: \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

*Vocation:*

12a. For what career are you planning? \_\_\_\_\_

12b. If Undecided, indicate possible choices: \_\_\_\_\_

13a. How many children in your family? \_\_\_\_\_ Ages: \_\_\_\_\_

13b. How many children in your family are attending college: \_\_\_\_\_

14. Additional Information you wish to be considered that is not covered on this form: \_\_\_\_\_

15. Previous Scottish Rite Scholarship recipient? (*years*) \_\_\_\_\_ Or New Applicant: (*yes*) \_\_\_\_\_

The following items constitute the necessary information for scholarship consideration. Any application lacking any of these items will not be considered:

- a. A personal statement of your values, goals, and career plans. (limit response to 1-2 pages)
- b. Official Copies of your high school, including the FIRST SEMESTER OF THE SENIOR YEAR, or college transcripts and SAT, ACT or GRE results. Facsimile copies will not be accepted.
- c. Completed and signed Scottish Rite Scholarship Form.

I believe the foregoing statements to be accurate. I hereby pledge any Scholarship monies awarded to me will be used strictly for college expenses such as tuition, supplies and room and board. By accepting a scholarship, I allow the 32° Scottish Rite to use my name to publicize the Scottish Rite Scholarships.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

32° Scottish Rite Scholarship aid is a gift, not a loan, and can be based on academic achievement, participation in worthwhile activities, financial need, and self help. Checks will be issued by August 1<sup>st</sup> to successful applicants drawn payable to the school named in question 5a.

NOTE: If you are awarded a scholarship and decide to attend a school other than the one listed in 5a, it is your responsibility to notify the Scholarship Committee of any change in a timely manner. Otherwise the check will be sent to the school named in question 5a.

DEPUTY AND COMMITTEE USE ONLY			
Approved by the Valley Committee (name & date): _____			
Approved by the State Committee (name & date): _____			
Approved by the Deputy (name & date): _____			
Amount granted:	Payable to:		
Check to be sent (select):	Deputy: _____	State Selectman Committee: _____	Valley Secretary: _____ College: _____