APPLICATION DEADLINE: ONLY COMPLETE APPLICATIONS POSTMARKED OR RECEIVED BEFORE FEBRUARY 15, 2014 WILL BE CONSIDERED.

2014 MASONIC CHARITY FOUNDATION APPLICATION FOR SCHOLARSHIPS

Sponsored by the Masonic Charity Foundation of New Jersey

SEREWITCH FAMILY DEMOLAY SCHOLARSHIP (\$20,000)

Scholarship made available to all High School Seniors graduating in the Spring 2014 who will be enrolling in the Fall 2014 as a full time college freshmen at a 4-year college or university, or for full-time study at an accredited trade or technical school; the applicant must be an active member in a New Jersey Chapter of the Order of DeMolay.

The scholarships are payable directly to the school (\$5,000 per year) for your tuition upon receipt of the semester bill and applicable transcript reflecting the earning of at least 12 credits per semester toward graduation and a minimum 2.2 Semester GPA.*

Recipients not completing the academic semester or failing to maintain the academic requirements forfeit all future installments.

*In order for an applicant to qualify for consideration, the student must have maintained a grade average of "C+" or 2.2 on a scale of 4.0 over the last two completed years of high school and have scored a minimum combined SAT score of 1300. The scholarship committee will place special emphasis on teacher recommendations and the student's statement of educational goals and financial need. Applicants must demonstrate participation in some type of an organized swimming program (including but not limited to a competitive team, a swimming activity, or swimming instruction).

Completed applications must be submitted to the Masonic Charity Foundation on or before February 15, 2014 and must include the following:

- A TRANSCRIPT OF GRADES
- SAT SCORES
- THREE LETTERS OF RECOMMENDATION FROM TEACHERS
- STATEMENT OF EDUCATIONAL GOALS AND FINANCIAL NEED WRITTEN BY THE APPLICANT
- A COPY OF THE FAMILY FEDERAL INCOME TAX RETURN FOR THE YEAR 2012

	to: SCHOLARSHIP COORDINATOR MASONIC CHARITY FOUNDATION OF NEW JERSEY 902 JACKSONVILLE ROAD BURLINGTON, NJ 08016
FOR FURTHI	ER INFORMATION CALL: 609-589-4032
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	I hereby certify that the herein named applicant
	is in good standing in DeMolay Chapter
	Signature of Dad Advisor

CONFIDENTIAL QUESTIONNAIRE

Full Name of Applicant	Last	First		Initia
Home AddressNo.	Street	City/State		Zip
Telephone Number ()		•	Grade	-
E-mail Address				
Assets of Parents/Guardia	ans:			
Father/Guardian Annual In	come from all Sources:	\$		
Mother/Guardian Annual l	Income from all Sources:	\$_		
Other Assets: Savings: \$_		Investments: \$		
List all real estate owned a	rent your homend its assessed value:			
Do you own or List all real estate owned a	rent your homend its assessed value:		_ Value: \$	
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NI CIT:	l. Gl1				
	h School				
Street Addre	ess				
City			State	Zip Code	
GPA:	(Minimum <u>Unwe</u>	ighted GPA to Qua	llify: 2.20 or C+ o	n a scale of 4.00)	
Class Rank:	of				
SAT Score:	Combined	Math	Verbal	Written	
	(Min	imum Combined S	AT to Quality: 13	00-must submit proof of	SCO
BE SURE	TO HAVE A CO	PY OF YOUR H	IGH SCHOOL T	RANSCRIPT FORWA	RD
Institutions to	o which you have a	pplied:		Accep	ted
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В					
C					
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• Submit Three (3) Written Recommendations from TEACHERS

If recommendations and/or transcripts are <u>not</u> included with this application and are to be submitted separately by teacher(s) or school, it is the <u>applicant's</u> responsibility to ensure their receipt on or before February 15, 2014 or the application will be considered incomplete and disqualified.

- Please attach to this application: <u>A CLEAR STATEMENT OF YOUR FINANCIAL NEED</u>.
 This is important information. *Please be sure to include your name on this attachment*.

 Please provide details, keeping in mind the following questions:
 - WHAT DISTINGUISHES YOUR NEED FROM OTHERS AND SETS YOU APART? (What is unique about your need?)
 - WHAT HAVE YOU DONE TO DATE TO HELP YOURSELF GET A COLLEGE EDUCATION?
 - WHAT ARE YOUR PARENTS' OCCUPATIONS?

Signature of Applicant

• IF YOU DO NOT RECEIVE THIS SCHOLARSHIP, HOW WILL YOU ARRANGE TO GO TO COLLEGE?

Please discuss special family situations; for example, a disability, a one-parent family, ill health of a parent, parent's loss of job, number of siblings in college the year you plan to attend, etc.

• EMPLOYMENT: EMPLOYER		POSITION
Father/Guardian		
Mother/Guardian		
List the jobs you (Applicant) have held during the past two	years:	
EMPLOYER – JOB HELD	MONTHS EMPLOYED	AMOUNT BEFORE DEDUCTIONS
This Year		\$
Last Year		\$
On your own, how much have you saved to assist in your co	ollege expenses?	\$
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Write a brief statement about yourself and your overcome an obstacle to achieve a goal? What a statement about yourself and your overcome an obstacle to achieve a goal? What a statement about yourself and your overcome an obstacle to achieve a goal? What a statement about yourself and your overcome an obstacle to achieve a goal? What a statement about yourself and your overcome an obstacle to achieve a goal?		
	are your goals aft ST BE COMPLE	er college graduation? TED OR IT WILL NOT BITLL BE GRANTED.

Date

Signature of Parent/Guardian

Date