

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

**LILLIAN M. AND FRANK M. TAYLOR SCHOLARSHIP (\$4,000)\***

Scholarships are made available to High School Seniors graduating in the Spring 2014 who will be enrolling in the Fall 2014 as full time college freshmen at a 4-year college or university and are the children, step-children, grandchildren or step-grandchildren of living or deceased Master Masons in good standing in a Masonic Lodge of the Grand Lodge of New Jersey.

The scholarships are payable directly to the school for your undergraduate 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 3.0 Semester GPA.\* Any recipient not completing the academic semester or failing to maintain the academic requirements shall forfeit all future installments.

**\*Note:** The Taylor Scholarships contain an additional requirement of thirty (30) hours of volunteer service to be completed at the Masonic Home of NJ **each** summer prior to the start of the Fall Term.  
The Taylor Scholarships are offered to New Jersey High School Seniors only.

**In order for an applicant to qualify for consideration, the student must have maintained a grade average of "B" or 3.0 on a scale of 4.0 over the last two completed years of high school and have scored a minimum combined SAT score of 1500.**

*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 FINANCIAL NEED WRITTEN BY THE APPLICANT
- A COPY OF THE FAMILY FEDERAL INCOME TAX RETURN FOR THE YEAR **2012**

Mail completed applications to: SCHOLARSHIP COORDINATOR  
MASONIC CHARITY FOUNDATION OF NEW JERSEY  
902 JACKSONVILLE ROAD  
BURLINGTON, NJ 08016

FOR FURTHER INFORMATION CALL: 609-589-4032

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**THIS SECTION MUST BE COMPLETED OR THE APPLICATION WILL NOT BE CONSIDERED**

|   |       |        |  |
|---|-------|--------|--|
| Name of Sponsoring Mason  |       |        | I hereby affirm that the aforementioned Master<br>Mason is/was in good standing in |
| Last  | First | Middle |  |
| <hr/>   |       |        |  |
| <i>Please provide the <b>FULL LEGAL</b> name of the Sponsoring Mason.</i> |       |        |  |
| Relationship to Applicant   |       |        | Lodge  |
| <input type="checkbox"/> Father   |       |        |  |
| <input type="checkbox"/> Step-father                                      |       |        | Lodge No. <hr/>  |
| <input type="checkbox"/> Grandfather                                      |       |        |  |
| <input type="checkbox"/> Step-Grandfather                                 |       |        | (above must be completed by applicant)   |
| DATED <hr/>   |       |        | Signature of Scholarship Coordinator <hr/>   |

**PREVIOUS FORMS ARE OBSOLETE. THIS FORM REVISED AUGUST 2013 FOR FILING ON OR  
BEFORE FEBRUARY 15, 2014.**

2.

|                                   |
|-----------------------------------|
| <b>CONFIDENTIAL QUESTIONNAIRE</b> |
|-----------------------------------|

- Full Name of Applicant \_\_\_\_\_  
Last First Initial
- Home Address \_\_\_\_\_  
No. Street City/State Zip
- Telephone Number ( ) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_
- E-mail Address \_\_\_\_\_

- **Assets of Parents/Guardians:**

Father/Guardian Annual Income from all Sources: \$ \_\_\_\_\_

Mother/Guardian Annual Income from all Sources: \$ \_\_\_\_\_

Other Assets: Savings: \$ \_\_\_\_\_ Investments: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Do you own \_\_\_\_ or rent \_\_\_\_ your home? State monthly payments: \$ \_\_\_\_\_

List all real estate owned and its assessed value:

\_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_ Value: \$ \_\_\_\_\_

- **Obligations of Parents/Guardians:**

Mortgages on Real Estate: \$ \_\_\_\_\_

Loans: \$ \_\_\_\_\_

Real Estate Taxes: \$ \_\_\_\_\_

Other (Describe) \_\_\_\_\_

\_\_\_\_\_

Number of Dependent Children \_\_\_\_\_

3.

- Academic:

Name of High School \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

GPA: \_\_\_\_\_ (Minimum Unweighted GPA to Qualify: 3.00 or B on a scale of 4)

Class Rank: \_\_\_\_\_ of \_\_\_\_\_

SAT Score: Combined \_\_\_\_\_ Math \_\_\_\_\_ Verbal \_\_\_\_\_ Written \_\_\_\_\_  
(Minimum Combined SAT to Qualify: 1500 – must submit proof of score)

**BE SURE TO HAVE A COPY OF YOUR HIGH SCHOOL TRANSCRIPT FORWARDED**

- Institutions to which you have applied: \_\_\_\_\_ Accepted

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

- Sports and Related Activities (In School/Out of School) \_\_\_\_\_ Years Participated

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

- Extra-curricular Activities (In School/Out of School)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Submit Three (3) Written Recommendations from TEACHERS**

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

4.

- Please attach to this application: **A CLEAR STATEMENT OF YOUR FINANCIAL NEED.**  
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?
- 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:

| <b>EMPLOYER – JOB HELD</b>   | <b>MONTHS<br/>EMPLOYED</b> | <b>AMOUNT<br/>BEFORE DEDUCTIONS</b> |
|--|----------------------------|-------------------------------------|
| This Year _____  | _____                      | \$ _____                            |
| Last Year _____  | _____                      | \$ _____                            |
| On your own, how much have you saved to assist in your college expenses? |                            | \$ _____                            |

- **What are your goals after college graduation? Write a brief statement of your plans.**

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- **EVERY ITEM ON THIS APPLICATION MUST BE COMPLETED OR IT WILL NOT BE CONSIDERED.**
  - **REMEMBER: NO EXTENSIONS OF THE FILING DATE WILL BE GRANTED.**
  - **THE MASONIC CHARITY FOUNDATION OF NJ IS NOT RESPONSIBLE FOR LOST OR MISDIRECTED MAIL.**

I HEREBY AUTHORIZE the Scholarship Committee of  
The Masonic Charity Foundation of New Jersey to request  
and obtain any further information it deems necessary.

I HAVE READ THIS APPLICATION  
AND IT HAS MY APPROVAL.

ALL INFORMATION AND STATEMENTS  
ON THIS FORM ARE TRUE AND CORRECT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date