

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

**2014 MASONIC CHARITY FOUNDATION
APPLICATION FOR SCHOLARSHIP**

Sponsored by the Grand Lodge of New Jersey

WILLIAM MAYER MEMORIAL SCHOLARSHIPS (\$4,000)

Applicant must be a legal resident in the State of New Jersey, have completed a course of study in an accredited institution of higher learning and have been accepted by an institution of higher learning for the purpose of *Post-Graduate Study*. The applicant must plan to continue their studies by enrolling in the Fall of 2014 and is the child, step-child, grandchild or step-grandchild 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 upon receipt of the semester bill and official transcript from the preceding completed semester when applicable. Installments are \$1,000 per semester for one year for a total of \$2,000 (scholarship is payable for a maximum of 2 years (4 semesters))

Recipients are required to maintain a 2.0 Grade Point Average on a 4.0 grading system, earning at least 12 credits per semester or the scholarship will be forfeited.

*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 **PROFESSORS**
- STATEMENT OF FINANCIAL NEED WRITTEN BY THE APPLICANT
- A COPY OF THE FAMILY FEDERAL INCOME TAX RETURN FOR THE YEAR **2012**
- PENDING PROOF OF ACCEPTANCE TO AN ACCREDITED QUALIFYING SCHOOL

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

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

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

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

CONFIDENTIAL QUESTIONNAIRE

- Full Name of Applicant _____

Last
First
Initial
- Home Address _____

No.
Street
City/State
Zip
- Telephone Number () _____ Age _____ Grade _____
- E-mail Address _____

- **Family Annual Income from all sources:** \$ _____

Other Assets: Savings: \$ _____ Investments: \$ _____

Other: \$ _____

- **Academic:**

Name of College _____

Street Address _____

City _____ **State** _____ **Zip** _____

Course of Study _____ **Degree Earned** _____

GPA _____

**BE SURE TO HAVE A COPY OF YOUR COLLEGE TRANSCRIPT FORWARDED
TO THE COMMITTEE**

- | Schools Applied to for Post-Graduate Study: | Accepted |
|---|----------|
| A. _____ | _____ |
| B. _____ | _____ |
| C. _____ | _____ |
| D. _____ | _____ |

3.

- Names of Three (3) Professors or Employers:
(Written recommendation required by each listed below)

- _____
- _____
- _____

- Please attach to this application A CLEAR STATEMENT OF YOUR FINANCIAL NEED. Be sure to include your name on this statement. Please go into detail keeping in mind the following questions:
 - What distinguished your need from others and sets you apart (what is unique about your need). Please discuss any special family situations.
 - What have you done to date to help yourself further your education
 - If you do not receive this scholarship how will you arrange to further your education?

- Employment:**

Self/Spouse Parent/Guardian:	Employer:	Position:

LIST OF JOBS YOU HAVE HELD DURING THE PAST TWO YEARS:		
Employer	Length of Employment	Amount Earned

- Please attach to this application a brief statement of your plans for the future and how this scholarship will help you attain your goals. Be sure to include your name on this statement.

- | |
|---|
| <ul style="list-style-type: none">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 <u>IS NOT</u> RESPONSIBLE FOR LOST OR MISDIRECTED MAIL. |
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I HEREBY AUTHORIZE the Scholarship Committee of
The Masonic Charity Foundation of New Jersey to request
and obtain any further information it deems necessary.

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

If recommendations and/or transcripts are not included with this application and are to be submitted separately by teacher(s), employers and/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.