

APPLICATION DEADLINE:  
ONLY COMPLETE APPLICATIONS POSTMARKED OR RECEIVED ON OR BEFORE  
FEBRUARY 17, 2015 WILL BE CONSIDERED.

2015 MASONIC CHARITY FOUNDATION  
**JOSEPH N. CULVER**  
**DeMOLAY SCHOLARSHIP APPLICATION**

Sponsored by the Masonic Charity Foundation of New Jersey

This scholarship is made available to members of New Jersey DeMolay Chapters  
who are High School Seniors graduating in Spring of 2015  
and will be enrolling in the Fall 2015 as full time college freshmen at a four year college or university.

If there is an insufficient number of applications made, the Scholarship may be awarded to children or  
grandchildren, male or female, whose father or grandfather are NJ Master Masons in good standing or if deceased,  
were NJ Master Masons in good standing at the time of their death.

Applicant must complete the Sponsoring Mason information listed below.

The scholarships are payable directly to the school upon receipt of the semester bill and applicable transcript.  
Installments will be for \$500.00 per semester for a total of \$1,000.00 per year for 4 years. The maximum total being  
\$4,000 per student. Any recipient not completing the academic semester or failing to maintain the academic  
requirements shall forfeit all future installments.

**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 17, 2015 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 **2013**

**REMEMBER:**

**Per semester a minimum of 12 credits must be earned toward graduation and a minimum semester GPA of  
3.0 on a scale of 4.0 must be maintained for eligibility.**

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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Full legal name of Sponsoring Mason \_\_\_\_\_

Lodge \_\_\_\_\_

Lodge Number \_\_\_\_\_

Relationship to Applicant:

☐ Father

☐ Stepfather

☐ Grandfather

☐ Step-Grandfather

I hereby certify that the herein named applicant

is in good standing in DeMolay Chapter/list chapter

Signature of Dad Advisor \_\_\_\_\_

**PREVIOUS FORMS ARE OBSOLETE. THIS FORM REVISED SEPTEMBER 2014 FOR FILING  
BEFORE FEBRUARY 17, 2015.**

2.

<b>CONFIDENTIAL QUESTIONNAIRE</b>
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- 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 scores)

**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 by February 17, 2015 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 EMPLOYED</b>	<b>AMOUNT 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? What do you plan to major in? 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