

APPLICATION DEADLINE:
ONLY COMPLETE APPLICATIONS POSTMARKED OR RECEIVED BEFORE THE FIRST FRIDAY IN
FEBRUARY, 2012 WILL BE CONSIDERED.

2012 MASONIC CHARITY FOUNDATION
APPLICATION FOR SCHOLARSHIP
Sponsored by the Masonic Charity Foundation of New Jersey

SEREWITCH FAMILY DEMOLAY SCHOLARSHIP (\$20,000)

Scholarship is made available to all High School Seniors graduating in the Spring 2012 who will be enrolling in the Fall 2012 as 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 1200. The scholarship committee will place special emphasis on teacher recommendations and the student's statement of educational goals and financial need. Applicants who demonstrate participation in some type of an organized swimming program (including by not limited to a competitive team, a swimming activity, or swimming instruction) are preferred.**

Completed applications must be submitted to the Masonic Charity Foundation before the first Friday in February, 2012 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 **2010**

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

I hereby certify that the herein named applicant

_____ is in good standing in DeMolay Chapter

_____ Signature of Dad Advisor

**PREVIOUS FORMS ARE OBSOLETE. THIS FORM REVISED AUGUST 2011 FOR FILING
BEFORE THE FIRST FRIDAY IN FEBRUARY 2012.**

- Academic:

Name of High School _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

GPA: ____ (Minimum Unweighted GPA to Qualify: 2.20 or C+ on a scale of 4.00)

Class Rank: ____ of ____

SAT Score: Combined _____ Math _____ Verbal _____ Written _____
(Minimum Combined SAT to Qualify: 1200)

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 the first Friday in February 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:

	EMPLOYER – JOB HELD	MONTHS EMPLOYED	AMOUNT BEFORE DEDUCTIONS
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.**

- **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