APPLICATION FOR SCHOLARSHIP ASSISTANCE GRANT

STUDENT NAME								
Street Address City/Town, Zip Code Telephone Number _ Email Address								
School District								
* * * *	* *	*	*	*	*	*	*	
Name of Masonic Lodge A	application is a	submitte	ed to:					-
Name and signature of a <u>L</u>	odge Brother	and Se	<u>cretary</u>	from th	e Lodge	2.		
Lodge Brother Name (print)			Brothers Signature					
Lodge Secretary Name (print)			Secretaries Signature					
* * * *	* *	*	*	*	*	*	*	
Parents' Name / Address	/ Occupation							
Mother:	/				/			
Father:	//				/			_
Number of Siblings at hom	ne							
Number of Siblings in coll	ege &]	Names o	of Colleg	ges				
Any Information you wo	uld like the co	ommitte	e to be	aware (of: (use	attachm	ent if desi	red)
LODGE SEAL		Signa	ture of A	Applicar	nt		Date	ē
	o attach all re	equired	docume	entation	n to this	cover s	sheet	