



32° SCOTTISH RITE MASONS SCHOLARSHIP APPLICATION

Application to be personally completed by applicant, submitted in duplicate and received by February 28, 2017 in Valley Secretary's Office. Any application received after that date cannot be considered for the ensuing academic year.

Return to Valley Secretary:
John T. Sees

(please type or print)

**Valley of Traverse City (231) 715-6948
C/O 5042 Matthews Drive
Traverse City, MI 49684**

Additional pages may be attached for questions 4b, 4c, 14 and your Personal Statement.

Last Name: _____ First Name: _____ MI: _____ Date of Birth: _____

Home Street Address: _____ Telephone: _____

Home City, State, Zip: _____

Email: _____

1. Father's Name: _____ Occupation: _____

2a. Mother's Name: _____ Occupation: _____

2b. Mother's or Father's address *(if different than above)*: _____

3. Do your parents or grandparents hold a Masonic Organization Membership? Yes _____ No _____

3a. Parents - Which Masonic Group? _____

3b. Grandparents - Which Masonic group? _____

3c. ANY relative belong to a Masonic Group/Which group? _____

4a. To what youth organization affiliated with Freemasonry do (have) you belong(ed)? (DeMolay, Rainbow/ Job's Daughters, other)?

4b. To what other non-school related groups do you belong? _____

4c. State briefly your extracurricular school-related interests and activities? _____

5a. Name of accredited school to be attended: _____ Major: _____

5b. Address of school: _____

6. Student Social Security Number: _____ 7. Which Class will you be entering? _____

8. Adjusted Gross Family Income as reported to the IRS: _____

9. Indicate amount of aid anticipated from sources other than family (grant, loan, job, other scholarship): _____

10. Provide an estimate of yearly financial needs:

Tuition: \$ _____
 Books/Supplies: \$ _____
 Room/Board: \$ _____
 Other: \$ _____
 Total: \$ _____

11. Present Sources of Income for School:

Job (work/study): \$ _____
 Loan(s): \$ _____
 Scholarship(s): \$ _____
 Grants: \$ _____
 Other Revenues: \$ _____
 Total: \$ _____

Vocation:

12a. For what career are you planning? _____

12b. If Undecided, indicate possible choices: _____

13a. How many children in your family? _____ Ages: _____

13b. How many children in your family are attending college: _____

14. Additional Information you wish to be considered that is not covered on this form: _____

15. Previous Scottish Rite Scholarship recipient? (years) _____ Or New Applicant: (yes) _____

The following items constitute the necessary information for scholarship consideration. Any application lacking any of these items will not be considered:

- a. A personal statement of your values, goals, and career plans. (limit response to 1-2 pages)
- b. Official Copies of your high school, including the FIRST SEMESTER OF THE SENIOR YEAR, or college transcripts and SAT, ACT or GRE results. Facsimile copies will not be accepted.
- c. Completed and signed Scottish Rite Scholarship Form.

I believe the foregoing statements to be accurate. I hereby pledge any Scholarship monies awarded to me will be used strictly for college expenses such as tuition, supplies and room and board. By accepting a scholarship, I allow the 32° Scottish Rite to use my name to publicize the Scottish Rite Scholarships.

Date: _____ Applicant Signature: _____

32° Scottish Rite Scholarship aid is a gift, not a loan, and can be based on academic achievement, participation in worthwhile activities, financial need, and self help. Checks will be issued by August 1st to successful applicants drawn payable to the school named in question 5a.

NOTE: If you are awarded a scholarship and decide to attend a school other than the one listed in 5a, it is your responsibility to notify the Scholarship Committee of any change in a timely manner. Otherwise the check will be sent to the school named in question 5a.

DEPUTY AND COMMITTEE USE ONLY			
Approved by the Valley Committee (name & date): _____			
Approved by the State Committee (name & date): _____			
Approved by the Deputy (name & date): _____			
Amount granted:	Payable to:		
Check to be sent (select):	Deputy: _____	State Selectman Committee: _____	Valley Secretary: _____
			College: _____