



### 32° SCOTTISH RITE MASONS SCHOLARSHIP APPLICATION

Application must be postmarked by March 10, 2020 and received or hand delivered by March 15, 2020 in Valley Secretary's Office. Any application received after that date cannot be considered for the ensuing academic year.

Return to Valley Secretary:  
Wilson (Bill) Brott  
(231) 633-7446

*(please type or print)*

**Valley of Traverse City  
C/O Bill Brott  
315 S Maple St.  
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*) \_\_\_\_\_  
Or

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 1<sup>st</sup> 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.

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|--|-------------------|
| 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: _____ |                   |