



**The Most Excellent Prince Hall Grand Chapter of Royal
Arch Masons
Jurisdiction of South Carolina**

REQUEST FOR REINSTATEMENT

To the Excellent High Priest, King, Scribe, and Companions

I am a former Companion of Chapter _____ No. _____ who desirous of reinstating my membership. I promise a cheerful obedience to all the laws, rules, and regulations of the Chapter.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (HOME) _____

Cell Number _____ Cell Phone Provider _____

EMAIL _____

POSITION _____

DATE OF BIRTH _____ MARITAL STATUS _____

DATE Exualted _____

DONEE NAME/PHONE NUMBER _____

OCCUPATION _____

EMERGENCY CONTACT _____ PHONE _____

RECORDERS SECTION

The above-named member has paid all monies owed and was voted to be reinstated into the Chapter on _____.



**The Most Excellent Prince Hall Grand
Chapter of Royal Arch Masons
Jurisdiction of South Carolina**

Notice of Death

To the Grand Secretary:

PLEASE FIND THE CHAPTER DEATH NOTICE FOR THE FOLLOWING MEMBER OF:

_____ Chapter _____ NO.

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

DATE OF DEATH _____

DONEE _____

RELATIONSHIP TO DECEASE _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

DEATH CERTIFICATE MUST BE ENCLOSED WITH NOTICE:

**NOTE TO CHAPTER SECRETARIES: IF UNABLE TO OBTAIN THE OFFICIAL PROOF OF DEATH
CERTIFICATE,
AN OFFICIAL PROOF OF DEATH MUST BE SUMITTED (obituary, Newspaper notice, Funeral
home announcement).**

INFORMATION FOR GLASS SYSTEM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (HOME) _____

Cell Number _____ Cell Phone Provider _____

EMAIL _____

CHAPTER NAME _____ NUMBER _____

POSITION _____

DATE OF BIRTH _____ MARITAL STATUS _____

DATE Exualted _____

DONEE NAME/PHONE NUMBER _____

EMERGENCY CONTACT _____ PHONE _____



The Most Excellent Prince Hall Grand Chapter
of Royal Arch Masons of South Carolina



Student Aide Application Rules, Regulations and Eligibility Requirements

1. The applicant shall be a graduating senior from high school at the time he/she submits the application.
2. The applicant must plan to enter an institution of higher learning in the fall semester immediately following the ensuring Mid-Year HRAM meeting.
3. **APPLICATION WINDOW:** Application for Student Aide will need to be completed and submitted to the scholarship committee to the address below as early as **January 1st of each year, but no later than March 15th of each year.**
4. Applicant must submit at least **three (3) letters of recommendation** (details provided herein).
5. The applicant must submit **two (2) sets transcripts** of his/her high school credits, SAT/ACT scores, et cetera in **sealed envelopes**.
6. The applicant must submit a brief profile of him/herself in the form of a resume. Picture is optional.
7. The sponsoring Chapter **must sign and seal** the application.
8. The sponsoring Chapter **must be in good financial standing** with Prince Hall Grand Chapter of Holy Royal Arch Masons of SC in the year the application has been turned in.
9. **Incomplete** and **late** submissions **will not** be considered. (NO EXCEPTIONS)
10. Mail completed application and recommendation to:

Committee Address:

Rt Ex Grand Scribe
Johnny Pernell
1003 Left Bank Drive
Florence, SC 29501

High School: _____

Name of Principal: _____

Name of Counselor: _____

Name and address of College/University to which you have applied:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Where have you been accepted: _____

When do you plan to enter: _____

Please attach at least three (3) Letters of Recommendation from any of the following:

(a) School Counselor (b) Church Official (c) Community Group (d) Two Recommendations from Friends and Neighbors

1. Name: _____

2. Name: _____

3. Name: _____

Please provide two (2) sets Academic Transcripts of Record of Grades from 10th Grade through 1st Semester of your Senior Year with grade point average.

Please prepare a brief profile on yourself to include the following:

(a) Personal data; (b) School activities; (c) Education; (d) Other Skills; (e) Awards & Honors; (f) Employment

I certify that all the information submitted in support of my application is complete and accurate to the best of my knowledge. I understand that any false information will make me ineligible to receive this one-time financial assistance award from **The Most Excellent PHA Grand Chapter of HRAM. By signing below, I authorize that my name, photo and essay can be released to donors or used for publication.**

Student's Signature

Date

To Be Completed by The Holy Royal Arch Student Aide Committee

Committee's Recommendation of the Applicant:

Approved By: _____

Excellent High Priest

Attested By: _____

Chapter Secretary

CHAPTER SEAL



**The Most Excellent Prince Hall Grand Chapter
of Royal Arch Masons**



Student Aide Application

Name of Applicant: _____
Last First M.I.

Address: _____
House # Street Apt.#

_____ City State Zip

Home/Mobile Telephone: _____ SSN (Last Four): _____

Age: _____ Date of Birth: ____/____/____ Class Rank, if applicable: _____

Date of Graduation: _____ G.P. A.: _____

	Mother's Information	Father's Information	Guardian's Information
Name			
Home/Mobile Phone			
Address			
Occupation			
Business Phone			
Place of Employment			

List all who depend on parents/guardian's salary, including applicant:

Name	Age	Relationship



**The Most Excellent Prince Hall Grand Chapter of Royal
Arch Masons
Jurisdiction of South Carolina**

PETITION FOR HOLY ROYAL ARCH MASON

CHAPTER NAME _____ CHAPTER # _____

CITY _____ STATE _____

To the High Priest, King, Scribe, and Companions of your Chapter:

I have long entertained a favorable opinion of your Chapter and now respectfully solicit membership therein.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____

CELL PHONE _____ CELL PHONE CARRIER _____

DATE OF BIRTH _____ MARITAL STATUS _____

EMAIL _____

DONEE NAME/PHONE NUMBER _____

OCCUPATION _____

EMERGENCY CONTACT _____ PHONE _____

I BELONG TO _____ MASTER MASON LODGE # _____

IF ADMITTED, I PROMISE A CHEERFUL COMPLIANCE WITH ALL OF THE USEAGES OF THIS CHAPTER AND GRAND CHAPTER OF HOLY ROYAL ARCH MASONS.

SIGNATURE _____ FEE WITH PETITION _____

RECOMMENDED BY:

1. _____ 2. _____

Chapter Seal

DATE EXALTED _____

The Most Excellent Prince Hall Grand Chapter

Holy Royal Arch Masons - Jurisdiction of South Carolina

Certificate of Election

YEAR _____

The of election of officers in a Chapter of Royal Arch Masons cannot be recognized by the Grand Chapter until a proper certificate of election is filed in the Grand Recorder's office by the area Deputy.

Deputy Name _____ District Number: _____

Be in known, on the _____ day of _____, 20____ at regular convocation of:

Chapter Name _____

Meeting Place _____

Date _____ Time _____

High Priest _____

Address _____

Telephone _____ Email _____

King _____

Address _____

Telephone _____ Email _____

Scribe _____

Address _____

Telephone _____ Email _____

Treasurer _____

Address _____

Telephone _____ Email _____

Secretary _____

Address _____

Telephone _____ Email _____

-

Mail form to:

Rt. Ex. Grand Secretary Ricardo J. Mungo

P. O. Box 37

Kershaw, SC 29067

The Most Excellent Prince Hall Grand Chapter
Holy Royal Arch Masons - Jurisdiction of South Carolina

Calendar for Year 2022

December 31, 2021

1st Quarter Deputy Report Due

0.

January __ 2022

York Rite Mid-Year Planning Meeting
Degree work to begin in Chapters

March 31, 2022

2nd Quarter Deputy Report Due
Zerubbabel Day Observance

April __ 2022

York Rite Mid-Year Meeting/Workshop
Statewide exaltation

May __ 2022

Degree work to begin in Chapters

June 30, 2022

3rd Quarter Deputy Report Due

July

General Grand Conference Meeting

August

York Rite Annual Planning Meeting
Statewide exaltation
Red and White Ball

September 30, 2022

4th Quarter Deputy Report Due

October __ 2022

York Rite Annual Meeting

November

1st Saturday Southern Alliance Annual Meeting