



**William T. Boyd Lodge #79
Alvin Taylor, Scholarship Chairman**



3070 Monticello Blvd.
Cleveland Hts., OH 44118
216-288-4937

August 11, 2016

Dear Student:

The William T. Boyd Lodge #79 is pleased to offer its scholarship program for the **2016-17 academic year** to selected students who have demonstrated the ability to profit from higher education but have a financial need in order to further their education.

Our Selection Committee will evaluate your application for academic achievement, Financial need, motivation, leadership ability, and other pertinent characteristics that we believe would be of help to us in making our selection. Application can be downloaded on our website at www.wmtboyd79.com.

It is very important that the application be completed fully and typewritten! Also, the application must be signed by you and your parent/guardian, and forwarded to your high school or University advisor, counselor, or Principal for his/her evaluation and a transcript in sufficient time so that our **committee must receive the completed form no later than October 1, 2016.**

Please keep this letter for future reference until the entire process has been completed. A public announcement of award recipients will be made on October 8, 2016. Any questions concerning this process may be addressed to Mr. Taylor at the address indicated above. **Only applicants selected to receive an award will be notified in writing not later than October 3, 2016! Please do not send a photo with this application! Selected applicants will be requested to send photos when notified! No other applicants will be notified.**

Very truly yours,

Alvin Taylor

Alvin Taylor
Chairman
William T. Boyd #79 Scholarship Committee



1st Time Application

William T. Boyd Lodge #79

SCHOLARSHIP AWARD APPLICATION

TO BE COMPLETED BY THE STUDENT
ACADEMIC YEAR 2016-17

DATE: _____

NAME: _____
LAST
FIRST
MIDDLE

ADDRESS: _____
STREET
CITY
STATE
ZIP

EMAIL: _____

TELEPHONE: _____ DATE OF BIRTH: _____

FATHER'S NAME: _____ OCCUPATION _____ SALARY _____

MOTHER'S NAME: _____ OCCUPATION _____ SALARY _____

GUARDIAN'S NAME: _____ OCCUPATION _____ SALARY _____

YOU HAVE PERMISSION TO SPEAK
WITH AS A PERSONAL REFERENCE: _____

PHONE # _____

NUMBER OF SIBLINGS IN MY HOME _____ NUMBER IN COLLEGE _____

NAME OF HIGH SCHOOL I ATTEND _____

CUM. GPA _____ ACT COMP _____ CLASS RANK _____

COLLEGE OR TECHNICAL SCHOOL OF MY CHOICE & LOCATION _____

DEGREE MAJOR _____

I HAVE BEEN NOTIFIED OF ACCEPTANCE TO ABOVE COLLEGE: YES: _____ NO: _____

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE. WE
AUTHORIZE YOU TO SHARE THIS INFORMATION WITH YOUR ASSOCIATES.

PARENT/GUARDIAN SIGNATURE: _____

APPLICANT'S SIGNATURE: _____

AUTHORIZED USE ONLY			
ORGANIZATION NAME & NUMBER		ORGANIZATION CHAIRPERSON	

1st Time Applicants Only! (This completed form must be typewritten)



1st Time Application

William T. Boyd Lodge #79

SCHOLARSHIP AWARD APPLICATION

ACADEMIC YEAR 2016-17)

NOTE; PLEASE USE THE SPACE BELOW FOR A STATEMENT, IN YOUR OWN WORDS, ON THE SUBJECT; "WHY I WANT A COLLEGE EDUCATION." INCLUDE YOUR VOCATIONAL PREFERENCE AND/OR GOALS AND YOUR HIGH SCHOOL AND COMMUNITY ACTIVITIES. IF ADDITIONAL SPACE IS NEEDED, PLEASE USE THE REVERSE SIDE OR AN ADDITIONAL SHEET.

Current or Past member of Pythagorans or Girls Assembly (check box) yes no

Please state your Degree Major or Career Objective _____

*PLEASE FORWARD THIS COMPLETED APPLICATION TO YOUR HIGH SCHOOL PRINCIPAL OR COUNSELOR WHO IN TURN WILL COMPLETE THE NECESSARY FORMS

1st Time Applicants Only! (The completed Statement form must be typewritten)



1st Time Application
William T. Boyd Lodge #79
SCHOLARSHIP AWARD APPLICATION
ACADEMIC YEAR 2016-17

REQUEST FOR CONFIDENTIAL INFORMATION

TO: ADVISOR, COUNSELOR OR PRINCIPAL

FROM:

STUDENT NAME

STUDENT SIGNATURE

ADDRESS:

STREET

CITY

STATE ZIP CODE

I have applied for the William T. Boyd Scholarship for financial assistance.

Please attach and send them your evaluation of my academic talents, personal characteristics, group relationships, extracurricular activities and other pertinent information that you believe would be helpful to them in evaluating my application.

I also request that a copy of my high school transcript be attached.

Thank you for taking the time to complete and mail this information. My opportunity for receiving an award will be increased if this information, the attached application and transcript are returned by October 1, 2016

RETURN TO:
Alvin Taylor
3070 Monticello Blvd.
Cleveland Hts., OH 44118