



# THE GRAND LODGE of MISSOURI

## CRITERIA FOR MISSOURI COMMUNITY COLLEGE MASONIC SCHOLARSHIP

1. Grade point average of 2.8 on a 4.0 scale (or equivalent).
2. ACT, SAT-or equivalent-test score. (Scores considered 17-36)
3. Involvement in extra-curricular activities.
4. Graduates of one of Missouri's Public High Schools, Private High Schools or Students of the Accredited Home School Program.
5. Conditioned on enrollment as a full-time student (12 hours credit per semester or term) at an accredited Community College in Missouri.
6. Selection is made without regard to race, creed, sex or country of origin.

## CRITERIA FOR CONTINUING ALL MASONIC SCHOLARSHIPS

1. Must provide a **current official college transcript** showing a cumulative 3.0, or higher, grade point average. However, the Board retains the option to review each application on a case by case basis.
2. Conditioned on enrollment as a full time student (12 hours credit per semester or term) at an accredited college or university in the United States.
3. These scholarships are for a limit of 4 years.
4. Must be in residence (this means **Study Abroad Programs are not accepted**).
5. Student must contact the Grand Lodge Office with **any address changes**.
6. Student must contact the Grand Lodge Office if he/she transfers to another college. (This information is imperative as it may affect the Scholarship.

## 2024 Scholarship Application Process

Please note, 2024 Scholarship Applications must adhere to **ALL** information below to ensure consideration by the Grand Lodge.

1. Use of the 2024 Scholarship Application is required. Forms from previous years will Not be accepted.
2. It is mandatory that Applications are sent in hard copy, postmarked BY March 1, 2024. Applications that are sent in electronic format will NOT be accepted.  
Send to:  
Grand Lodge of Missouri, A.F. & A.M.  
6033 Masonic Drive  
STE B  
Columbia, MO 65202
3. Transcripts must be the Official Transcript, as issued by the school, and sent directly to the Grand Lodge, no copies or screenshots.
4. Make certain all requested information on the application is filled out and attached. Incomplete Scholarship Applications will not be considered.



# THE GRAND LODGE of MISSOURI

## Scholarship Recipient Updated Contact Information Form

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address (Street, City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

Personal Email: \_\_\_\_\_

School Email: \_\_\_\_\_

University Name: \_\_\_\_\_

University Address: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Preferred Contact Type (*please circle*):

Home Phone

Cell Phone

Mail

Personal Email

School Email

**Community College SCHOLARSHIP APPLICATION**

OFFERED BY

**THE MASONIC SCHOLARSHIP FUND OF MISSOURI, INC.**

This application will be considered for the following scholarships:

Masonic Merit Scholarship  
(For 2 Year Missouri Community College)

**THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:**

1. A typed essay of 300 to 500 words stating why you are applying for this scholarship and your future goals. You do not need to mention for financial reasons, we understand the costs with college.
2. A list of prior school activities, awards, offices held, and honors (high school and college). This must be separate from your essay.
3. A list of all community and volunteer activities within the community. This must be separate from your essay.
4. A short list of any extenuating circumstances you may have. This must be separate from your essay.
5. A list of newspaper publications to which you would like to have a news release sent if you are selected for a scholarship. Please include address, telephone number, FAX, and email.

**APPLICATION DEADLINE: POSTMARKED BY MARCH 1, 2024**

**MUST** be mailed in hard copy to: Grand Lodge Office, 6033 Masonic Drive,  
Suite B, Columbia, MO 65202

1. The issuance of any scholarship is conditional on enrollment as a full-time student (taking at least 12 hours credit per semester or term leading to a degree) at an accredited college or university located in the United States.
2. Selection of scholarship recipients will be based on scholastic performance and aptitude.
3. Applicant must be a graduate of one of Missouri's public high schools, private high schools, or an accredited home school program.

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

County of home address: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Name & Address of father: \_\_\_\_\_

Name & Address of mother: \_\_\_\_\_

Applicant's (Student's) Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Number of years employed: \_\_\_\_\_

**COMMUNITY COLLEGE SCHOLARSHIP APPLICATION**  
OFFERED BY  
**THE MASONIC SCHOLARSHIP FUND OF MISSOURI, INC.**

**Educational Information**

Name of high school from which you will graduate: \_\_\_\_\_

Address of high school: \_\_\_\_\_  
(Street) (City) (State) (Zip)

High School Counselor/Advisor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Month and year of graduation from high school: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ on a \_\_\_\_\_ scale

Did applicant take part in an AP/IB curriculum? \_\_\_\_

Number of earned hours of college credit at graduation: \_\_\_\_

**NOTE: Your OFFICIAL high school transcript, issued by the school and including test scores such as ACT, SAT, etc., must accompany this application. If you are now enrolled in college, include an official transcript of your college record through the most recently completed semester, quarter, or similar term.**

College you will attend for fall term: \_\_\_\_\_

Address of college: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone number of Financial Aid Office: \_\_\_\_\_

Your anticipated declared major: \_\_\_\_\_

Extenuating Circumstances:

(Please list any extenuating circumstances that you would like us to consider.)

Please sign below that this application is true and correct.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date Submitted)

You may include one letter of recommendation.

**UNDERGRADUATE SCHOLARSHIP APPLICATION**  
OFFERED BY  
**THE MASONIC SCHOLARSHIP FUND OF MISSOURI, INC.**

This application will be considered for the following scholarships:

Samuel Smith Stewart Scholarship  
Masonic Merit Scholarship  
Ruth Lutes Bachmann Scholarship (For Nursing and Teaching)

**THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:**

1. A typed essay of 300 to 500 words stating why you are applying for this scholarship and your future goals. You do not need to mention for financial reasons, we understand the costs with college.
2. A list of prior school activities, awards, offices held, and honors (high school and college). This must be separate from your essay.
3. A list of all community and volunteer activities within the community. This must be separate from your essay.
4. A short list of any extenuating circumstances you may have. This must be separate from your essay.
5. A list of newspaper publications to which you would like to have a news release sent if you are selected for a scholarship. Please include address, telephone number, FAX, and email.

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2. Selection of scholarship recipients will be based on scholastic performance and aptitude.
3. Applicant must be a graduate of one of Missouri's public high schools, private high schools, or an accredited home school program.

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

County of home address: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Name & Address of father: \_\_\_\_\_

Name & Address of mother: \_\_\_\_\_

Applicant's (Student's) Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Number of years employed: \_\_\_\_\_

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(Street) (City) (State) (Zip)

High School Counselor/Advisor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Month and year of graduation from high school: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ on a \_\_\_\_\_ scale

Did applicant take part in an AP/IB Curriculum? \_\_\_\_\_

Number of earned hours of college credit at graduation: \_\_\_\_\_

**NOTE: Your OFFICIAL high school transcript, issued by the school and including test scores such as ACT, SAT, etc., must accompany this application. If you are now enrolled in college, include an official transcript of your college record through the most recently completed semester, quarter, or similar term.**

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Address of college: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone number of Financial Aid Office: \_\_\_\_\_

Your anticipated declared major: \_\_\_\_\_

Extenuating Circumstances:

(Please list any extenuating circumstances that you would like us to consider.)

Please sign below that this application is true and correct.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date Submitted)

You may include one letter of recommendation.