OW COUNTY MASONIC SCHOLARSHIP APPLICATION

NName

IMPORTANT

Attach a small recent

Photograph of yourself

Name

(Please Print) First Middle Last

(PID or Person ID #)

Present Address

City_____ State ____ Zip Code _____

Complete without it.

Age _____ Date of Birth

Sex: Male ___Female ___ Telephone Number

be returned.

Condition of Health

Describe any disability_____

High Schools Attended: Name Address Dates

_____

_____

_____

_____

_____

_____

Parents: Father: Living ___ Deceased ____ Mother: Living ___ Deceased ____

Full Name _____ Full Name

_____

Where Employed? _____ Where Employed?

_____

How many brothers do you have? _____ Sisters _____

List of family members who are in college and their college class

_____

_____

_

Number of people dependent on your parents for support (including Parents)

_____

Parents combined annual gross income from all sources before taxes:

$_____

List all other scholarships applied for, amount of each, and whether you have been awarded any of these to date:

_____

_____

Will you live on campus? _____ Commute from home? _____

COMMUNITY AND OTHER ACTIVITIES:

List here all community activities of which you have been a part, positions of leadership held, honors received, including Boy Scouts, Girl Scouts, community drives, sports teams, YMCA, 4-H Clubs, etc. _____

_____

_____

_____

_____

_____

_____

If you were on the Selection Committee, why would you choose yourself for this scholarship? Answer this by stating, in your own words and in your own handwriting, your ambitions and reasons for wishing to continue your education. Please try to limit this to 100 words - use an attached sheet if necessary.

What occupation are you planning for your life's work?

If undecided, give your first three choices in order of preference: (1)

(2) (3)

What especially appeals to you concerning your preference?

Name/address of college you expect to attend

Have you been accepted? Yes No If answer is "no", what is the present status of your application?

Would you be willing to meet with the Selection Committee for an interview?

_____

Describe any special financial problems facing the family:

_____

_____

_____

_____

_____

Home: Mortgage paid for (Y/N) _____ Renting (Y/N) _____ Buying (Y/N) _____

List make and year of all family owned vehicles

_____

_____

_____

Students financial status: Amount of money on hand

_____

Students anticipated summer earnings

_____

List student's present financial obligations

_____

_____

_____

Estimate total amount you will need

_____

_____

_____

How much can your parents contribute?

_____

How much will you be able to earn working part-time?

_____

How much will you still need from other sources?

_____

List all places where you have worked, positions held, and dates of employment

_____

_____

_____

_____

_____

SCHOOL ACTIVITIES:

List here all school activities including sports, clubs, and other school organizations of which you have been a member. List school letters won, school honors, class or club offices held, and all other school activities or honors.

Attach a special sheet if this space is insufficient.

_____

_____

_____

_____

CHURCH ACTIVITIES:

_____

_____

_____

_____

THIS APPLICANT IS RESPONSIBLE FOR THE FOLLOWING:

(Check)

_____ 1. Have a high school transcript, estimate of academic standing of applicant in graduating class,

Rank in class and letter or recommendation sent by principal or your counselor on your behalf,

Directly to the chairman listed below.

_____ 2. Forward names and scores of aptitude or I.Q. tests taken in high school and/or for college

Entrance (SAT Score). This information is often included in the high school transcript.

_____ 3. Forward reasonable evidence of being accepted into a college this fall. Ask the college of your

Choice to write a letter for you giving the status of your application for admission.

_____ 4. Forward three letters from responsible citizens, testifying to your character, personality, and

General worthiness to receive the scholarship.

THE ABOVE LISTED ITEMS MUST ACCOMPANY THIS APPLICATION OR BE SENT DIRECTLY TO THE ADDRESS BELOW, BEFORE DEADLINE DATE OF APRIL 15. ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND USED STRICTLY FOR THE USE OF THE SELECTION COMMITTEE.

Applicant's signature

_____ **(Your normal signature)**

Present home address _____

(Street#/ Name) _____

_____

(City) **(State)** **(Zip Code)**

current phone number

_____

_____

Mail application and other material to:

Lynn H Thomas
114 Brookview Dr
Jacksonville NC 28540-3751

(Attach extra sheet where space on this application is insufficient.)

WINNERS WILL BE NOTIFIED IN WRITING