

PORT NECHES-GROVES MASONIC LODGE NO. 1163, A. F. & A.M.
PORT NECHES, TEXAS 77651

Scholarship Application

Student Information

Please attach the following to complete this application.

Copy of your High School Transcript.

Letter of recommendation from a teacher.

Letter of recommendation from a family friend.

General Information

Name_____

Home Address_____City_____

Telephone #_____ Date of Birth_____

Father's Name_____

Father's Occupation_____

Mother's Name_____

Mother's Occupation_____

Name and ages of brothers and sisters living at home_____

_____

Number of persons in your family attending college_____

Total household income for the previous year:

Less than $50,000 _____

$50,000 to $100,000 _____

More than 150,000 _____

School Activities

List all school activities you have been involved in. List all leadership positions held. Also show grade in which you participated in the activity or held the leadership position.

Special Awards or Honors

Community or Church Activities and Work experience

Future Plans

Anticipated College or Trade School_____

Anticipated College Major_____

Anticipated Occupation/Career_____

Were you impacted by something during your lifetime that you felt led to this career choice?

What do you consider to be your gifts?

_____

_____

_____

If there are any other events in your life which you feel have contributed to your personal growth please describe here

_____

_____

_____

Which Teacher has had the most positive influence on you during your education?

_____

Recommend by:

_____

(Must be signed by a current member of a Masonic Lodge)

I Authorize the release of information to the Port Neches-Groves Masonic Lodge Scholarship Committee related to, but not limited to class rank, SAT/ACT scores, and grade point average for the purpose of determining recipients of this scholarship.

Student's Signature_____

Parent/Guardian's Signature_____

Information below to be provided by the staff of the Counselor's Office

High School Rank_____ Number in Class_____

Grade Point Average_____ SAT_____ ACT_____

_____ _____ _____

Signature of Counselor / Staff providing information *Date*

Application due March 15th

Please Return to

Port Neches-Groves Lodge

P.O.Box 844

Port Neches,TX. 77651-0844

10/1/2026