

Michigan Masonic Charitable Foundation Scholarship

Due: February 5th, 2027

Eligibility: Must be a Milan High School student who plans to attend a trade school, 2 year program or 4 year institution.

First Name

Middle Name

Last Name

Phone Number: _____ Email: _____

Please see the following pages for the complete scholarship application. Completed applications must be submitted to Mrs. Barbara with the following:

- ☐ Michigan Masonic Charitable Foundation Scholarship Application (3 pages)
- ☐ Official transcript
- ☐ Copy of ACT or SAT test scores
- ☐ Two letters of recommendation from school personnel
- ☐ Two letters of recommendation from non-school personnel

Applicant's Signature _____ Date _____



APPLICATION FOR SCHOLARSHIP AWARD

Please note: Students must apply for scholarships only through a local Michigan Lodge.

All applicants must include:

1. An official transcript, certified by the school that includes the student's academic record.
2. ACT or SAT test scores. These may be photocopied.
3. Two letters from school personnel
4. Two letters from non-school personnel

Please Type or Print in Ink

Application for Scholarship Award for academic year 20____thru 20____

Case No: _____
(Office Use Only)

(Mrs., Ms., Miss, Mr.) _____
-Circle One- Full Legal Name

Contact #: _____

Student Address: _____

High School(s) Attended:

Name of School	City	Years Attended
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Name of School	City	Years Attended
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Date of Graduation: _____ Intended Major: _____

College Choice: _____

If enrolled, College student I.D. number: _____

Father: _____ Occupation: _____
Name

Mother: _____ Occupation: _____
Name

State any other Lodge where you have turned this application in this year: _____

Signature: _____
Student

Dated: _____

Signature: _____
Parent, Guardian, or Spouse

Dated: _____

*Please note that should you be awarded a scholarship grant, you may be contacted by a Foundation representative for media purposes.

Student Name: _____

SCHOLASTIC (High School)

Academic Honors and Awards (State Year and Nature of): _____

Member of Academic Organization (State name of organization, year, & if position held): _____

Elective courses taken (State name of class & year, i.e.: Band 2, 3; Choir 2-4; Art 1): _____

Courses I like the most (give short explanation & any successes): _____

Courses I disliked the most (give short explanation & any successes): _____

Faculty Member who made the most impression on me and why: _____

EXTRACURRICULAR (School Related)

Honors and Awards (State year and nature of): _____

Offices and positions of Leadership (State name of group, position, year): _____

Member of Organization where *no office* was held (State name of group, year, i.e.: Drama 2, 3. Please state only major activities): _____

EXTRACURRICULAR (Non-School Related)

Honors and Awards (State year and nature of): _____

Offices and positions of Leadership (State name of group/organization, position, year): _____

Member of Organization (State name of organization, year, such as: Scouts, DeMolay, Jobs, Rainbow, 4H, Junior Achievement, Etc. –state only major activities): _____

Employment: (State name of employer(s), positions held, periods of employment, average weekly hours, earnings, etc.): _____

Other

List all siblings and ages: _____

Have you been granted financial aid? _____

Details of the following:

a) Scholarship \$ _____

b) Federal or State Loan \$ _____

c) Pell Grant \$ _____

d) Campus Job \$ _____

e) Other Grant \$ _____

f) Other \$ _____

TOTAL FINANCIAL AID \$ _____

Have you reasons to expect financial aid from any other source? _____

If so, give details: _____

Any additional data to show financial need and general worthiness, be specific in this: _____
