

APPLICATION FOR THE SAMUEL SMITH STEWART MASONIC SCHOLARSHIP

1. The issuance of any scholarship is conditioned 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.

Name of Applicant: _____

Home Address: _____
(Street City State Zip)

County of home address: _____ Home Telephone No. _____

Number of years at this address: _____ Social Security Number: _____

Date of birth: _____ Number of dependents: _____

Name & Address of father: _____

Name & Address of mother: _____

Current Employer: _____

Position: _____ Monthly Salary/Wages: \$ _____

Educational Information

Name of high school from which you will graduate: _____

Address of high school: _____
(Street City State Zip)

Month and year of graduation from high school: _____ Telephone: _____

Grade Point Average: _____ on a _____ scale

Number of earned hours of credit at graduation: _____

[NOTE: A copy of your transcript, including advance placement, dual credit, college transcript and test scores (such as ACT, SAT, etc) must accompany this application]

College you will attend for fall term: _____

Address of college: _____
(Street City State Zip)

Telephone number of Financial Aid Office: _____

Your anticipated declared major: _____

(Signature of Applicant) Date submitted: _____

THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION

1. High School transcript and, a transcript of your college if applicable through the most recently completed semester, quarter or similar term.
2. A typed statement of 300 to 500 words stating why you are applying for this scholarship
3. A list of prior school activities, awards, offices held, and honors (high school and college).
4. Financial information (form on reverse side)
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 MARCH 31

Mail to: Grand Lodge Office, 6033 Masonic Drive, Suite B, Columbia, MO 65202

Financial Information Sheet

1. Provide the following information for each brother and/or sister in your family:

<u>Name</u>	<u>Age</u>	<u>Income Tax Dependent</u>	
_____	_____	__ Yes	__ No
_____	_____	__ Yes	__ No
_____	_____	__ Yes	__ No
_____	_____	__ Yes	__ No
_____	_____	__ Yes	__ No

2. Applicant / Family Income

a. Will the wages shown for the applicant be continued during the academic year?

__ Yes __ No

b. Total amount applicant income expected for academic year: \$ _____

c. Father's annual income: \$ _____

d. Mother's annual income: \$ _____

e. Income from other sources (itemize):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total (2b thru 2e): **\$ _____**

3. Family Indebtedness

a. Home loan balance (include home equity loans): \$ _____

b. Other debts (itemize):

_____ \$ _____

_____ \$ _____

_____ \$ _____

4. Expenses:

a. Total school expenses: \$ _____

Itemize anticipated school expenses (tuition, housing, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____

b. Family annual living expenses (housing, food, insurance, etc. Do not list expenses included in 4.a.) \$ _____

c. Other annual expenses (itemize):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total (4a thru 4c): **\$ _____**