

APPLICATION FOR RUTH LUTES BACHMANN SCHOLARSHIP
(FOR QUALIFIED HIGH SCHOOL GRADUATES TO ENABLE THEM TO BECOME NURSES OR SCHOOL TEACHERS)
OFFERED BY
THE MASONIC SCHOLARSHIP FUND OF MISSOURI, INC.

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 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: _____

_____ Date submitted: _____
(Signature of Applicant)

THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION

1. High School transcript and, if you are now enrolled in college, a transcript of your college record through the most recently completed semester, quarter of 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

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

1. 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): \$ _____

2. Family Indebtedness

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

b. Other debts (itemize):

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

3. 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): \$ _____