

Charles H. Wesley Masonic Lodge No. 147
P.O. Box 848
Bowie, Maryland 20718

***** **ACADEMIC ACHIEVEMENT SCHOLARSHIP AWARD APPLICATION** *****

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK. INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED

APPLICANT INFORMATION

Name:

(Last)

(First)

(Middle)

Date of birth:

Home Phone:

Mobile Phone:

Current address:

City:

State:

ZIP Code:

E-mail:

High School:

Graduation Date:

GPA (On 4.0 Scale):

SAT Scores:

Date Taken:

HONORS & AWARDS RECEIVED IN HIGH SCHOOL AND YEAR (IF MORE, PLEASE ADD ON ANOTHER SHEET)

Year:

Year:

Year:

NAME AND LOCATION OF COLLEGES OR UNIVERSITIES APPLIED

1st Choice:

Location:

2nd Choice:

Location:

Intended Major:

AFFILIATION AND LEADERSHIP POSITIONS

Organization:

Position Held:

Organization:

Position Held:

Organization:

Position Held:

EXTRACURRICULAR ACTIVITIES, HOBBIES, AND INTERESTS

EMPLOYMENT/INCOME

Applicant Employment (Indicate Year):

Family Income....

Less Than \$8,000: _____

\$8,000-\$15,000: _____

\$15,000-\$25,000 _____

\$25,000-\$35,000: _____

\$30,000-\$50,000: _____

\$50,000 + _____

*** INCLUDE A COPY OF YOUR PARENT'S OR GUARDIAN'S 2013 W-2.WAGE AND TAX STATEMENT.

APPLICANT RESIDES WITH: _____
(NAMES AND RELATIONSHIP)

IT IS YOUR RESPONSIBILITY TO GIVE YOUR GUIDANCE COUNSELOR A SUPPORT APPLICATION. FORMS MUST BE COMPLETED AND SENT TO: CHARLES H. WESLEY MASONIC LODGE NO.

147, P.O. BOX 848, BOWIE, MARYLAND 20718 BY APRIL15, 2014. IF ANY PORTION OF THIS SCHOLARSHIP PACKAGE IS NOT POSTMARKED BY THIS DATE, YOU WILL BE DISQUALIFIED. IF YOU HAVE ANY QUESTIONS CALL MILTON A. JEWS AT 301-249-1784.

CERTIFICATION: I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Signature of applicant:

Date: