## APPLICATION DEADLINE: ONLY COMPLETE APPLICATIONS POSTMARKED OR RECEIVED ON OR BEFORE MARCH 1, 2023 WILL BE CONSIDERED.

## 2023 MASONIC CHARITY FOUNDATION APPLICATION FOR SCHOLARSHIPS

Sponsored by the Masonic Charity Foundation of New Jersey

## ASBURY JORDAN LODGE SCHOLARSHIP (\$4,000)

In Honor of Christian Mogensen and John D. Post

Scholarships are available to high school seniors who are graduating in the Spring 2023 and plan to enroll in the Fall of 2023 as full time college student at a 4-year college or university and is the child, step-child, grandchild or step-grandchild of living or deceased Master Mason in good standing in a Masonic Lodge of the Grand Lodge of New Jersey. If there is an insufficient number of applicants with Masonic sponsorship others with no Masonic affiliation may be considered. Applicants from Monmouth County, New Jersey are preferred but not required.

The scholarship is payable directly to the school for your undergraduate tuition upon receipt of the semester bill and applicable transcript reflecting the earning of at least 12 credits per semester toward graduation and a minimum 3.0 Semester GPA. The scholarship committee will place special emphasis on teacher recommendations and the student's statement of educational goals and financial need. Installments will be \$500.00 per semester for a total of \$1,000.00 per year for 4 years. Any recipient not completing the academic semester or failing to maintain the academic requirements shall be placed on probation and/or forfeit all future installments.

In order for an applicant to qualify for consideration, the student must have maintained a grade average of "B" or 3.0 on a scale of 4.0 over the last two completed years of high school and have scored a minimum combined SAT score of 1030 or ACT score of 20.

Completed applications must be submitted to the Masonic Charity Foundation on or before March 1, 2023 and must include the following:

- A TRANSCRIPT OF GRADES
- WRITTEN COPY OF SAT OR ACT SCORES
- THREE LETTERS OF RECOMMENDATION FROM TEACHERS
- ESSAY WRITTEN BY THE APPLICANT DETAILING FINANCIAL NEED, FUTURE PLANS AND GOALS.
- A COPY OF THE FAMILY FEDERAL INCOME TAX RETURN FOR THE YEAR 2021

Mail completed applications to: SCHOLARSHIP COORDINATOR

MASONIC CHARITY FOUNDATION OF NEW JERSEY

902 JACKSONVILLE ROAD BURLINGTON, NJ 08016

\_FOR FURTHER INFORMATION CALL: 609-239-3830\_

	SECTION Nume of Sponsoring	MUST BE COMPLETED OR Mason	THE APPLICATION WIL	L <u>NOT</u> BE CONSIDERED
Last	First	Middle	The Master Mason listed he	ere is/was in good standing in:Lodge
Please provide the FULL LEGAL name of the Sponsoring Mason.  Relationship to Applicant Father Step-father		Lodge No		
Grand	lfather		Signature	 Date
Step-Grandfather  DATED		I do not have Masonic Sponsorship (check above only if you are <u>not</u> sponsored by a Master Mason)		

## CONFIDENTIAL QUESTIONNAIRE

	Last	First		Initia
Home Address	G	G: (G: )		
No.	Street	City/State		Zip
Telephone Number ( )		Age	Grade	
E-mail Address				
Assets of Parents/Guard	ians:			
Gather/Guardian Annual I	ncome from all Sources:	\$		
Mother/Guardian Annual	Income from all Sources:	\$		
Other Assets: Savings: \$		Investments: \$		
Do you own o				
Do you own o	or rent your home		_ Value: \$	
Do you own o	or rent your home		_ Value: \$	
Do you own o	or rent your home		_ Value: \$ _ Value: \$	
Do you own o	or rent your home		_ Value: \$ _ Value: \$	
Do you own o	or rent your home		_ Value: \$ _ Value: \$	
Do you own o	or rent your home and its assessed value:  Guardians:		Value: \$ Value: \$ Value: \$	
Do you own o  List all real estate owned a  Obligations of Parents/G  Mortgages on Real Es	or rent your home and its assessed value:  Guardians:		_ Value: \$ _ Value: \$ _ Value: \$	
Do you own of List all real estate owned a common of Parents/Good Mortgages on Real Estate Loans:	or rent your home and its assessed value:  Guardians:  state: \$		_ Value: \$ _ Value: \$ _ Value: \$	
Do you own o  List all real estate owned a  Obligations of Parents/G  Mortgages on Real Est  Loans:  Real Estate Taxes:	or rent your home and its assessed value:  Guardians:  state: \$		_ Value: \$ _ Value: \$ _ Value: \$	

City		State	Zip	Code
GPA: (Mini	mum <u>Unweighted</u> G	PA to Qualify: 3.0 c	or B on a scale of	f 4.0)
Class Rank:	_ of			
SAT/ACT Score:	Combined			Writtenbmit written proof of s
	•			SCRIPT FORWARD
BE SURE TO	HAVE A COPY OF	r YOUR HIGH SO	CHOOL TRANS	SCRIPT FURWARD
Institutions to which	you have applied:			Accepted
A				
В				
C				
D				
Sports and Related A	Activities (In School/	Out of School)		Years Participated
A				
В				
C				
D				
Extra-curricular Act	ivities (In School/Ou	t of School)		
	`	,		

• Submit Three (3) Written Recommendations from TEACHERS

If recommendations and/or transcripts are <u>not</u> included with this application and are to be submitted separately by teacher(s) or school, it is the <u>applicant's</u> responsibility to ensure their receipt on or before March 1, 2023 or the application will be considered incomplete and disqualified.

- Please attach to this application: <u>A CLEAR STATEMENT OF YOUR FINANCIAL NEED</u>.
  This is important information. *Please be sure to include your name on this attachment*.
  Please provide details, keeping in mind the following questions:
  - WHAT DISTINGUISHES YOUR NEED FROM OTHERS AND SETS YOU APART? (What is unique about your need?)
  - WHAT HAVE YOU DONE TO DATE TO HELP YOURSELF GET A COLLEGE EDUCATION?
  - WHAT ARE YOUR PARENTS' OCCUPATIONS?
  - IF YOU DO NOT RECEIVE THIS SCHOLARSHIP, HOW WILL YOU ARRANGE TO GO TO COLLEGE?

Please discuss special family situations; for example, a disability, a one-parent family, ill health of a parent, parent's loss of job, number of siblings in college the year you plan to attend, etc.

• EMPLOYMENT:	EMPLOYER		POSITIO	ON
Father/Guardian				
Mother/Guardian				
List the jobs you (Applicant) have he	eld during the past two	years:		
EMPLOYE	R – JOB HELD	MONTHS EMPLOYED	AMOUNT BEFORE DEDU	
This Year			\$	
Last Year			\$	
On your own, how much have you s	aved to assist in your co	ollege expenses?	\$	
EVERY ITEM ON THIS	APPLICATION MUS	T BE COMPLE	TED OR IT WILI	L NOT BE
CONSIDERED.  • REMEMBER: NO EXT  • THE MASONIC CHARI' MISDIRECTED MAIL.				
I HEREBY AUTHORIZE the Schol The Masonic Charity Foundation of and obtain any further information it ALL INFORMATION AND ST ON THIS FORM ARE TRUE AN	New Jersey to request t deems necessary.  ATEMENTS		D THIS APPLICA AS MY APPROVA	
Signature of Applicant		Signature of Par	rent/Guardian	Date