

- Academic:

Name of High School _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

GPA: _____ (Minimum Unweighted GPA to Qualify: 3.0 or B on a scale of 4.0)

Class Rank: _____ of _____

SAT/ACT Score: Combined _____ Math _____ Verbal _____ Written _____
(Minimum Combined SAT to Qualify: 1030 or ACT score of 20, must submit written proof of score)

BE SURE TO HAVE A COPY OF YOUR HIGH SCHOOL TRANSCRIPT FORWARDED

- Institutions to which you have applied: Accepted
A. _____
B. _____
C. _____
D. _____

- Sports and Related Activities (In School/Out of School) Years Participated
A. _____
B. _____
C. _____
D. _____

- Extra-curricular Activities (In School/Out of School)

- **Submit Three (3) Written Recommendations from TEACHERS**

If recommendations and/or transcripts are not included with this application and are to be submitted separately by teacher(s) or school, it is the applicant's 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: **A CLEAR STATEMENT OF YOUR FINANCIAL NEED.**
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

POSITION

Father/Guardian _____

Mother/Guardian _____

List the jobs you (Applicant) have held during the past two years:

EMPLOYER – JOB HELD	MONTHS EMPLOYED	AMOUNT BEFORE DEDUCTIONS
This Year _____	_____	\$ _____
Last Year _____	_____	\$ _____
On your own, how much have you saved to assist in your college expenses?		\$ _____

- **What are your goals after college graduation?**
- **What will your Major be?**
- **Write a brief statement of your plans.**

- **EVERY ITEM ON THIS APPLICATION MUST BE COMPLETED OR IT WILL NOT BE CONSIDERED.**
- **REMEMBER: NO EXTENSIONS OF THE FILING DATE WILL BE GRANTED.**
- **THE MASONIC CHARITY FOUNDATION OF NJ IS NOT RESPONSIBLE FOR LOST OR MISDIRECTED MAIL.**

I HEREBY AUTHORIZE the Scholarship Committee of The Masonic Charity Foundation of New Jersey to request and obtain any further information it deems necessary.

I HAVE READ THIS APPLICATION AND IT HAS MY APPROVAL.

ALL INFORMATION AND STATEMENTS ON THIS FORM ARE TRUE AND CORRECT.

Signature of Applicant

Date

Signature of Parent/Guardian

Date