



<b>CONFIDENTIAL QUESTIONNAIRE</b>
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- Full Name of Applicant \_\_\_\_\_  

Last
First
Initial
- Home Address \_\_\_\_\_  

No.
Street
City/State
Zip
- Telephone Number (    ) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_
- E-mail Address \_\_\_\_\_

- **Assets of Parents/Guardians:**

Father/Guardian Annual Income from all Sources: \$ \_\_\_\_\_

Mother/Guardian Annual Income from all Sources: \$ \_\_\_\_\_

Other Assets: Savings: \$ \_\_\_\_\_ Investments: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Do you own \_\_\_\_ or rent \_\_\_\_ your home? State monthly payments: \$ \_\_\_\_\_

List all real estate owned and its assessed value:

\_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_ Value: \$ \_\_\_\_\_

- **Obligations of Parents/Guardians:**

Mortgages on Real Estate: \$ \_\_\_\_\_

Loans: \$ \_\_\_\_\_

Real Estate Taxes: \$ \_\_\_\_\_

Other (Describe) \_\_\_\_\_

\_\_\_\_\_

Number of Dependent Children \_\_\_\_\_

3.

- 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, 2024** 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:

<b>EMPLOYER – JOB HELD</b>	<b>MONTHS EMPLOYED</b>	<b>AMOUNT BEFORE DEDUCTIONS</b>
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