

APPLICATION DEADLINE:

ONLY COMPLETE APPLICATIONS POSTMARKED OR RECEIVED ON OR BEFORE MARCH 1, 2024 WILL BE CONSIDERED.

2024 MASONIC CHARITY FOUNDATION APPLICATION FOR SCHOLARSHIPS

Sponsored by the Masonic Charity Foundation of New Jersey

JOSEPH N. CULVER DEMOLAY SCHOLARSHIP (\$4,000)

This scholarship is made available to members of New Jersey DeMolay Chapters who are High School Seniors graduating in the Spring of 2024 and will be enrolling in the Fall 2024 as full time college freshmen at a four year college or university.

If there is an insufficient number of applications made, the Scholarship may be awarded to children or grandchildren, male or female, whose father or grandfather are NJ Master Masons in good standing or if deceased, were NJ Master Masons in good standing at the time of their death. Applicant must complete the Sponsoring Mason information listed below.

The scholarships are payable directly to the school upon receipt of the semester bill and applicable transcript. Installments will be for \$500.00 per semester for a total of \$1,000.00 per year for 4 years. The maximum total being \$4,000 per student. Any recipient not completing the academic semester or failing to maintain the academic requirements shall 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 1090 or ACT score of 21.

Completed applications must be submitted to the Masonic Charity Foundation on or before March 1, 2024 and must include the following:

- A TRANSCRIPT OF GRADES
WRITTEN COPY OF SAT/ACT SCORES
THREE LETTERS OF RECOMMENDATION FROM TEACHERS
STATEMENT OF FINANCIAL NEED WRITTEN BY THE APPLICANT
A COPY OF THE FAMILY FEDERAL INCOME TAX RETURN FOR THE YEAR 2022

REMEMBER:

Per semester a minimum of 12 credits must be earned toward graduation and a minimum semester GPA of 3.0 on a scale of 4.0 must be maintained for eligibility.

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

Form fields: Full legal name of Sponsoring Mason, Lodge, Lodge Number, Relationship to Applicant (Father, Grandfather, Stepfather, Step-Grandfather)

I hereby certify that the herein named applicant is in good standing in DeMolay Chapter/list chapter Signature of Dad Advisor

PREVIOUS FORMS ARE OBSOLETE. THIS FORM REVISED SEPTEMBER 2023 FOR FILING BEFORE MARCH 1, 2024.

CONFIDENTIAL QUESTIONNAIRE

- 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 _____

- Academic:

Name of High School _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

GPA: _____ (Minimum Unweighted GPA to Qualify: 3.00 or B on a scale of 4)

Class Rank: _____ of _____

SAT/ACT Score: Combined _____ Math _____ Verbal _____ Written _____
(Minimum Combined SAT to Qualify: 1090 or ACT score of 21 – must submit written proof of scores)

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 by 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:

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 do you plan to major in? 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