APPLICATION DEADLINE: ONLY COMPLETE APPLICATIONS POSTMARKED OR RECEIVED BEFORE MARCH 1, 2024 WILL BE CONSIDERED.

2024 MASONIC CHARITY FOUNDATION APPLICATION FOR SCHOLARSHIPS

Sponsored by the Masonic Charity Foundation of New Jersey

SEREWITCH FAMILY DEMOLAY SCHOLARSHIP (\$20,000)

Scholarship made available to all High School Seniors graduating in the Spring 2024 who will be enrolling in the Fall 2024 as full time college freshmen at a 4-year college or university, or for full-time study at an accredited trade or technical school; the applicant must be an active (attending at least 60% of his Chapter's activities/meetings during the past year)

member in a New Jersey Chapter of the Order of DeMolay

The scholarships are payable directly to the school (\$5,000 per year, for a total of 4 years) for your 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 2.2 Semester GPA.*

Recipients not completing the academic semester or failing to maintain the academic requirements forfeit all future installments.

*In order for an applicant to qualify for consideration, the student must have maintained a grade average of "C+" or 2.2 on a scale of 4.0 over the last two completed years of high school and have scored a minimum combined SAT score of 960 or ACT score of 18. The scholarship committee will place special emphasis on teacher recommendations and the student's statement of educational goals and financial need. Applicants must demonstrate participation in some type of an organized swimming program (including but not limited to a competitive team, a swimming activity, or swimming instruction).

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 <u>TEACHERS</u>
- STATEMENT OF EDUCATIONAL GOALS AND FINANCIAL NEED WRITTEN BY THE APPLICANT
- A COPY OF THE FAMILY FEDERAL INCOME TAX RETURN FOR THE YEAR 2022

Mail completed applications to: SCHO	LARSHIP COORDINATOR
MASC	NIC CHARITY FOUNDATION OF NEW JERSEY
902 JA	CKSONVILLE ROAD
BURL	INGTON, NJ 08016
FOR FURTHER INFOR	MATION CALL: 609-239-3830
*****************	********************
	I hereby certify that the herein named applicant
	is an active member in DeMolay, Chapter and attended% of all meetings/activities this year.
	Signature of Dad Advisor

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	lians:			
Gather/Guardian Annual l	Income from all Sources:	\$		
Mother/Guardian Annua	Income from all Sources:	\$		
Other Assets: Savings: \$	S	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 and its assessed value:		_ 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 Obligations of Parents/O Mortgages on Real E	or rent your home and its assessed value: Guardians: state: \$		_ Value: \$ _ Value: \$ _ Value: \$	
Do you own o List all real estate owned Obligations of Parents/O Mortgages on Real E Loans:	or rent your home and its assessed value: Guardians: state: \$		_ Value: \$ _ Value: \$ _ Value: \$	
Do you own o List all real estate owned Obligations of Parents/O Mortgages on Real E Loans: Real Estate Taxes:	or rent your home and its assessed value: Guardians: state: \$		_ Value: \$ _ Value: \$ _ Value: \$	

Street Address				
City				Zip Code
•		<u>l</u> GPA to Qualify: 2.20		
Class Rank:	of			
SAT/ACT Score:	Combined	Math	_ Verbal	Written nit written proof of score
				•
BE SURE I	O HAVE A COPY	OF YOUR HIGH S	CHOOL TRA	NSCRIPT FORWARI
Institutions to whi	ch you have applied	i :		Accepted
Α				
В				
C				
Sports and Related	d Activities (In Scho	ool/Out of School)		Years Participated
A				· · · · · · · · · · · · · · · · · · ·
В				
C				
Extra-curricular A	activities (In School	Out of School)		
The Serewitch Far				rtant life skill, and for th
			r its scholarshi	p program. Indicate how
has included partic have fulfilled this	requirement (eneck	* *		
have fulfilled this		s part of scholastic phy	sical education	n class.
have fulfilled this ☐ Completed swin ☐ Completed indiv	nming instruction as vidual swimming le	ssons.		n class.
nave fulfilled this ☐ Completed swin ☐ Completed indiv ☐ Participated in s	nming instruction as vidual swimming le wimming activities		club.	

• Submit Three (3) Written Recommendations from TEACHERS

If recommendations and/or transcripts are \underline{not} included with this application and are to be submitted separately by teacher(s) or school, it is the $\underline{applicant's}$ responsibility to ensure their receipt by March 1, 2024 or the application will be considered incomplete and disqualified.

- Please attach to this application: <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?

Signature of Applicant

• 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 y	ears:	
EMPLOYER – JOB HELD	MONTHS EMPLOYED	AMOUNT BEFORE DEDUCTIONS
This Year		\$
Last Year		\$
On your own, how much have you saved to assist in your col	lege expenses?	\$
college graduation?		
 EVERY ITEM ON THIS APPLICATION MUST CONSIDERED. REMEMBER: NO EXTENSIONS OF THE FI THE MASONIC CHARITY FOUNDATION OF MISDIRECTED MAIL. 	LING DATE W	ILL BE GRANTED.
I HEREBY AUTHORIZE the Scholarship Committee of The Masonic Charity Foundation of New Jersey to request and obtain any further information it deems necessary. ALL INFORMATION AND STATEMENTS ON THIS FORM ARE TRUE AND CORRECT.		D THIS APPLICATION AS MY APPROVAL.

Date

Signature of Parent/Guardian

Date