

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

SOL AND REBA SEREWITCH SCHOLARSHIP (\$5,000)

Scholarship made available to all New Jersey 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 the child, step-child, grandchild or step-grandchild of a living or deceased Master Mason who is in good standing in a Masonic Lodge of the Grand Lodge of New Jersey.

The scholarships are payable directly to the school (\$5,000 per year, for a total of 1 year) 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.**

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 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: SCHOLARSHIP COORDINATOR
MASONIC CHARITY FOUNDATION OF NEW JERSEY
902 JACKSONVILLE ROAD
BURLINGTON, NJ 08016

FOR FURTHER INFORMATION CALL: 609-239-3830

THIS SECTION MUST BE COMPLETED OR THE APPLICATION WILL NOT BE CONSIDERED

Name of Sponsoring Mason			I hereby affirm that the aforementioned Master Mason is/was in good standing in
Last	First	Middle	
<hr/>			<hr/> Lodge
<i>Please provide the FULL LEGAL name of the Sponsoring Mason.</i>			Lodge No. <hr/>
Relationship to Applicant			(above must be completed by applicant)
<input type="checkbox"/>	Father		<hr/> Signature of Scholarship Coordinator
<input type="checkbox"/>	Step-father		Karla P. Lippincott (To be signed upon receipt & verification)
<input type="checkbox"/>	Grandfather		
<input type="checkbox"/>	Step-Grandfather		
DATED	<hr/>		

**PREVIOUS FORMS ARE OBSOLETE. THIS FORM REVISED SEPTEMBER 2023 FOR FILING
ON OR 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: 2.20 or C+ on a scale of 4.00)

Class Rank: _____ of _____

SAT/ACT Score: Combined _____ Math _____ Verbal _____ Written _____
(Minimum Combined SAT to Qualify: 960 or ACT score of 18; 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. _____

- Sports and Related Activities (In School/Out of School) _____ Years Participated

A. _____

B. _____

C. _____

- 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?		\$ _____

- **Write a statement about yourself and your plans. Give an example of how you have overcome an obstacle to achieve a goal. What are your goals after college graduation?**

- **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