APPLICATION DEADLINE: ONLY COMPLETE APPLICATIONS POSTMARKED OR RECEIVED ON OR BEFORE MAY 30, 2024 WILL BE CONSIDERED.

2024 MASONIC CHARITY FOUNDATION APPLICATION FOR SCHOLARSHIPS

Sponsored by the Masonic Charity Foundation of New Jersey

ASBURY JORDAN LODGE SCHOLARSHIP (\$4,000)

In Honor of Christian Mogensen and John D. Post

Scholarships are available to high school seniors who are graduating in the Spring 2024 and plan to enroll in the Fall of 2024 as full time college student at a 4-year college or university and is the child, step-child, grandchild or step-grandchild of living or deceased Master Mason in good standing in a Masonic Lodge of the Grand Lodge of New Jersey. If there is an insufficient number of applicants with Masonic sponsorship others with no Masonic affiliation may be considered. Applicants from Monmouth County, New Jersey are preferred but not required.

The scholarship is payable directly to the school for your undergraduate 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 3.0 Semester GPA. The scholarship committee will place special emphasis on teacher recommendations and the student's statement of educational goals and financial need. Installments will be \$500.00 per semester for a total of \$1,000.00 per year for 4 years. Any recipient not completing the academic semester or failing to maintain the academic requirements shall be placed on probation and/or 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.

Completed applications must be submitted to the Masonic Charity Foundation on or before May 30, 2024 and must include the following:

- A TRANSCRIPT OF GRADES
- THREE LETTERS OF RECOMMENDATION FROM **TEACHERS**
- ESSAY WRITTEN BY THE APPLICANT DETAILING FINANCIAL NEED, FUTURE PLANS AND GOALS.
- 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

	SECTION N	IUST BE COMPLETED OR '	THE APPLICATION WILL	NOT BE CONSIDERED	
Last	First	Middle	The Master Mason listed here	is/was in good standing in: Lodge	
Please provide the FULL LEGAL name of the Sponsoring Mason. Relationship to Applicant Father Step-father		Lodge No(above must be completed by applicant) I. Karla P. Lippincott, Scholarship Coordinator, (to be signed upon receipt & verification)			
Grand	father		Signature	 Date	
Step-Grandfather DATED			I do not have Masonic Sponsorship (check above only if you are <u>not</u> sponsored by a Master Mason)		

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	ians:			
Gather/Guardian Annual I	ncome from all Sources:	\$		
Mother/Guardian Annual	Income from all Sources:	\$		
Other Assets: Savings: \$		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		_ 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 a Obligations of Parents/G Mortgages on Real Es	or rent your home and its assessed value: Guardians:		_ Value: \$ _ Value: \$ _ Value: \$	
Do you own of List all real estate owned a common of Parents/Good Mortgages on Real Estate Loans:	or rent your home and its assessed value: Guardians: state: \$		_ Value: \$ _ Value: \$ _ Value: \$	
Do you own o List all real estate owned a Obligations of Parents/G Mortgages on Real Est Loans: Real Estate Taxes:	or rent your home and its assessed value: Guardians: state: \$		_ Value: \$ _ Value: \$ _ Value: \$	

('ifw		State	7	Zip Code
City				
	inimum <u>Unweighted</u>	GPA to Quality: 3.0	or B on a scale	01 4.0)
Class Rank:				
SAT/ACT Score	Combined	Math	Verbal	Written
RE SUDE "	TO HAVE A COPV	OF VOLID HIGH S	SCHOOL TRA	NSCRIPT FORWARI
DE SUKE	OHAVEACOPT	OF TOUR HIGHS	SCHOOL IKA	NSCRIPT FORWARI
Institutions to wh	ich you have applied	:		Accepted
A				
Sports and Relate	ed Activities (In Scho			Years Participated
A				
В				
B C				
B C D				

• Submit Three (3) Written Recommendations from TEACHERS

If recommendations and/or transcripts are <u>not</u> included with this application and are to be submitted separately by teacher(s) or school, it is the <u>applicant's</u> responsibility to ensure their receipt on or before May 30, 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?
 - 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:	CMPLOYER		POSIT	ION
Father/Guardian				
Mother/Guardian				
List the jobs you (Applicant) have he	ld during the past two	years:		
EMPLOYER	– JOB HELD	MONTHS EMPLOYED	AMOUN BEFORE DED	
This Year			\$	
Last Year			\$	
On your own, how much have you sa	ved to assist in your co	ollege expenses?	\$	
EVERY ITEM ON THIS A	APPLICATION MUS	T BE COMPLE	FED OR IT WIL	L NOT BE
CONSIDERED.REMEMBER: NO EXTITHE MASONIC CHARIT MISDIRECTED MAIL.				
I HEREBY AUTHORIZE the Schola The Masonic Charity Foundation of N and obtain any further information it ALL INFORMATION AND STA ON THIS FORM ARE TRUE AND	New Jersey to request deems necessary. ATEMENTS		D THIS APPLICA AS MY APPROVA	
Signature of Applicant	 Date	Signature of Par	ent/Guardian	Date