

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

**2024 MASONIC CHARITY FOUNDATION
APPLICATION FOR SCHOLARSHIPS**

Sponsored by the Masonic Charity Foundation of New Jersey

BURK-TOWNLEY SCHOLARSHIP (\$4,000)

Scholarships are available to high school seniors who are graduating in the Spring 2024 and plan to enroll in the Fall 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 Masons in good standing in a Masonic Lodge of the Grand Lodge of New Jersey.

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. Installments will be for \$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 before
MAY 30, 2024 and must include the following:*

- A TRANSCRIPT OF GRADES
- 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**

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/>			_____ Lodge
<i>Please provide the <u>FULL LEGAL</u> name of the Sponsoring Mason.</i>			Lodge No. _____
Relationship to Applicant			(above must be completed by applicant)
_____	Father		_____
_____	Step-father		Signature of Scholarship Coordinator
_____	Grandfather		Karla P. Lippincott (To be signed upon receipt & verification)
_____	Step-Grandfather		
DATED _____			

**PREVIOUS FORMS ARE OBSOLETE. THIS FORM REVISED JANUARY 2024 FOR
FILING ON OR BEFORE MAY 30, 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: \$ _____

Student savings and investments \$ _____ 529 accounts available \$ _____

Other: \$ _____

FAFSA EFC; if available _____

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 _____

Number of children enrolled in college _____

3.

- 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)

SAT/ACT Scores: Combined _____ Math _____ Verbal _____ Written _____

BE SURE TO HAVE A COPY OF YOUR HIGH SCHOOL TRANSCRIPT FORWARDED

- Institutions to which you have applied: (attach additional sheet if necessary) Accepted

A. _____

B. _____

C. _____

D. _____

- Sports and Related Activities (In School/Out of School) Years Participated
(attach additional sheet if necessary)

A. _____

B. _____

C. _____

D. _____

- Extra-curricular Activities (In School/Out of School) (attach additional sheet if necessary)

- **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 **MAY 30, 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
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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 will your Major be?**
- **Write a brief statement of your plans.**

<ul style="list-style-type: none"> • 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