

**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**

**CHAIRMAN OF THE BOARD SCHOLARSHIPS (\$10,000)**

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 \$1,250.00 per semester for a total of \$2,500.00 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

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

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

<b>CONFIDENTIAL QUESTIONNAIRE</b>
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- 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 \_\_\_\_\_

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)

Class Rank: \_\_\_\_\_ of \_\_\_\_\_

SAT/ACT Score: Combined \_\_\_\_\_ Math \_\_\_\_\_ Verbal \_\_\_\_\_ Written \_\_\_\_\_

**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 **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**

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.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **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