

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

**2024 MASONIC CHARITY FOUNDATION
APPLICATION FOR SCHOLARSHIP**
Sponsored by the Masonic Charity Foundation of New Jersey

JAMES PATTERSON ENGINEERING SCHOLARSHIP (\$16,000)

Scholarship is 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; children, step-children, grandchildren or step-grandchildren of living or deceased Master Masons in good standing in a Masonic Lodge of the Grand Lodge of 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 2.5 Semester GPA.* Installments will be for \$2,000.00 per semester for a total of \$4,000.00 per year for 4 years. Recipient not completing the academic semester or failing to maintain the academic requirements forfeit all future installments.

Note: The Patterson Scholarship funds students pursuing undergraduate engineering degrees **only**. At the committee's discretion, the scholarship may be awarded to students who do not have a Masonic affiliation. The Patterson Scholarship is offered to New Jersey High School Seniors only.

***In order for an applicant to qualify for consideration, the student must have maintained a grade average of "C+" or 2.5 on a scale of 4.0 over the last two completed years of high school. 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
MAY 30, 2024 and must include the following:*

- A TRANSCRIPT OF GRADES
- 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

APPLICANTS WITH MASONIC AFFILIATION COMPLETE THIS SECTION

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 FULL LEGAL name of the Sponsoring Mason.</i>			
Relationship to Applicant			_____ Lodge
<input type="checkbox"/> Father			Lodge No. _____
<input type="checkbox"/> Step-father			(above must be completed by applicant)
<input type="checkbox"/> Grandfather			
<input type="checkbox"/> Step-Grandfather			
DATED _____			_____ Signature of Scholarship Coordinator Karla P. Lippincott (To be signed upon receipt & verification)
			___ I do not have Masonic Sponsorship (check above if you are not sponsored by a Master Mason)

**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: \$ _____

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: 2.5 or C+ on a scale of 4.00)

Class Rank: ____ of ____

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:

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 on or before **MAY 30, 2024 or the application will be considered incomplete and disqualified.**

4.

- 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 do you plan to major in? 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