

**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**

**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. 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

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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>FULL LEGAL</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.**

**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: 2.20 or C+ on a scale of 4.00)

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. \_\_\_\_\_

- 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 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?		\$ _____

- **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