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

LILLIAN M. AND FRANK M. TAYLOR SCHOLARSHIP (\$4,000)*

Scholarships are made available to 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 and are the 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.

The scholarships are 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 forfeit all future installments.

*Note: The Taylor Scholarships contain an additional requirement of thirty (30) hours of volunteer service to be completed at the Masonic Village at Burlington each summer prior to the start of the Fall Term. The Taylor Scholarships are 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 "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
- 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 S	ECTION MUST BE	COMPLETED OR 7	THE APPLICATION WILL <u>NOT</u> BE CONSIDERED
N	ame of Sponsoring N	/Iason	
Last	First	Middle	I hereby affirm that the aforementioned Master Mason is/was in good standing in
Please provide	the <u>FULL LEGAL</u> name of	of the Sponsoring Mason.	
Fath Step Gran	p to Applicant er -father ndfather -Grandfather		Lodge No(above must be completed by applicant)
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

	Last	First		Initia
Home Address NoS	street	City/State		Zip
		·		Zıţ
Telephone Number ()		Age	Grade	
E-mail Address				
Assets of Parents/Guardia	ns:			
Father/Guardian Annual Inco	ome from all Sources:	\$		
Mother/Guardian Annual In	come from all Sources:	\$		
Other Assets: Savings: \$		Investments: \$		
Do you own or List all real estate owned and	rent your hom			
	rent your hom d its assessed value:		_ Value: \$	
Do you own or List all real estate owned and	rent your hom d its assessed value:		_ Value: \$ _ Value: \$	
Do you own or List all real estate owned and	rent your hom d its assessed value:		_ Value: \$ _ Value: \$	
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Do you own or List all real estate owned and	rent your hom d its assessed value:		_ Value: \$ _ Value: \$ _ Value: \$	
Do you own or List all real estate owned and	rent your hom d its assessed value:		_ Value: \$ _ Value: \$ _ Value: \$	
Do you own or List all real estate owned and Obligations of Parents/Gua Mortgages on Real Esta	rent your hom d its assessed value: ardians: te: \$ \$		_ Value: \$ _ Value: \$ _ Value: \$	
Do you own or List all real estate owned and Obligations of Parents/Gua Mortgages on Real Esta Loans: Real Estate Taxes:	rent your hom d its assessed value: ardians: te: \$ \$		_ Value: \$ _ Value: \$ _ Value: \$	

City		State	Zip	Code
GPA: (Mi	nimum Unweighted	GPA to Qualify: 3.00) or B on a scale of	of 4)
Class Rank:	of			
SAT/ACT Scores:	Combined	Math	Verbal	Written
			A NGCOIDT ENG	
E TO HAVE A C	COPY OF YOUR H	IGH SCHOOL TRA	ANSCRIPT ENG	CLOSED OR FORW
Institutions to whi	ch you have applied:			Accepted
A				
B				
C				
D				
Sports and Related	d Activities (In Schoo	ol/Out of School)		Years Participated
A				
B				
C				
D				
Extra-curricular A	ctivities (In School/C	Out of School)		

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 STAT</u> This is important information. <i>Please be sure to in</i> Please provide details, keeping in mind the following	<u>clude your name</u>	
 WHAT DISTINGUISHES YOUR NEED FRO unique about your need?) WHAT HAVE YOU DONE TO DATE TO HI WHAT ARE YOUR PARENTS' OCCUPATI IF YOU DO NOT RECEIVE THIS SCHOLAI COLLEGE? Please discuss special family situations; fo a parent, parent's loss of job, number of si 	ELP YOURSELF ONS? RSHIP, HOW WI or example, a disa	GET A COLLEGE EDUCATION? LL YOU ARRANGE TO GO TO bility, a one-parent family, ill health of
• 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 co	llege expenses?	\$
What are your goals after college graduation?	Vrite a brief stat	ement of your plans.
 EVERY ITEM ON THIS APPLICATION MUS CONSIDERED. REMEMBER: NO EXTENSIONS OF THE F THE MASONIC CHARITY FOUNDATION OF MISDIRECTED MAIL. 	ILING DATE W	'ILL BE GRANTED.
I HEREBY AUTHORIZE the Scholarship Committee of The Masonic Charity Foundation of New Jersey to request and obtain any further information it deems necessary. ALL INFORMATION AND STATEMENTS ON THIS FORM ARE TRUE AND CORRECT.		D THIS APPLICATION AS MY APPROVAL.