



Sylvan Hills Masonic Lodge Scholarship Grant Application

This is a two page form. Both pages must be complete & signed for consideration.

Application Deadline: March 1st of the current year.

Full Name of Applicant: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Social Security Number: _____ Phone: _____

E-mail: _____

College/University/School planning to attend: _____

Location of Institution: _____

Degree Sought/Area of Study: _____ Have you been accepted? ____ Yes, ____ No

Will you live: at home ____ on campus ____ off campus ____ (If off campus, explain below.)

High School attended: _____ If other than Sylvan Hills or LISA Academy North

Public Charter School, who are you related to at Sylvan Hills Masonic Lodge: _____

What is your relationship? _____

Graduation date: _____ Cumulative Grade Point Average: _____ SAT/ACT (circle-overall score): _____

List extracurricular activities you participate in, including any awards, honors, or positions of leadership (Use extra page, if necessary):

Name of Father or Guardian: _____ Age: _____

Occupation (be specific): _____

Name of Mother or Guardian: _____ Age: _____

Occupation (be specific): _____

If not living with both of your parents, does the parent you live with receive support from the other? _____

Number of siblings in your family: _____ How many under age 25 live at home: _____ Are any others under age 25 in

college now? If so, how many? _____/_____ What is your family's annual household income: \$ _____

List sources and amount of income for your education: _____

How much support can you expect from your family each year: \$ _____

Other factors bearing upon financial need (medical expenses, other financial commitments, physical handicap, etc.):

Did you have a job last summer? ____ Yes, ____ No. If yes, where: _____ Full or Part Time? _____

Do you have a job now? ____ Yes, ____ No. If yes, where: _____ Full or Part Time? _____

How much are you able to set aside for your education? _____ per week.

Have you applied for or received scholarships, grants, or loans from other sources? ____ Yes, ____ No. If so, please list:

List anticipated educational expenses for the first college year: _____

Continued on Page 2. Both pages MUST be complete for consideration. Over, please.

Please attach the following to this application: (Checklist)

___ 1. A letter or essay in your own words setting forth in detail your educational plans, career goals, and future plans.

Explain how your education will benefit you in attaining these goals. Be specific.

___ 2. A correct and up-to-date transcript of your Senior High School year grades. (Copy is acceptable.)

___ 3. Letters of recommendation from three references not related to you. Each letter should include name, title, occupation, address and telephone number of the person giving the reference.

This Scholarship Grant is intended to encourage Sylvan Hills High School and LISA Academy North Public Charter School Seniors and/or family members of Sylvan Hills Lodge members, to pursue higher education after graduating from High School. Only graduating seniors from Sylvan Hills High School or LISA Academy North Public Charter School in Sherwood, Arkansas, or graduating seniors who are immediate family relations of members in good standing of Sylvan Hills Lodge #754, F. &A.M. (children or grandchildren) are eligible to apply for this scholarship. Applicants must be intending to study at accredited Colleges, Universities, or Trade/Vocational-Technical institutions.

The grant of funds from this scholarship will total at least \$600.00 to successful applicants. The grant will be awarded in two parts, paid directly to the institution where the recipient is accepted or enrolled. The first half will be paid for the first semester of study, and the remainder will be paid the second semester of study. (If the institution is on a "tri-mester" system, the scholarship will be paid in thirds.) The successful grantee must supply correct, timely information about his/her school's student aid process to Sylvan Hills Lodge to enable this scholarship to be paid to the institution. The scholarship must be used within 18 months of the award, or it is forfeit. The successful grantee must maintain "full-time" student status at the institution named, and maintain a "C" or better grade point average. For second (or third) payments to be made, the grantee must supply a copy of his/her previous grade period transcript to Sylvan Hills Lodge or its designee. This transcript must be made available before the close of any student aid acceptance window the educational institution may set.

Sylvan Hills Lodge will appoint a selection committee, which will have the sole discretion in granting this scholarship, with the approval of the Lodge.

Certifications:

To the best of my knowledge the information given on this application is true and correct. Sylvan Hills Lodge, or any representative thereof in this matter, has my permission to verify any part of the information given herein. Further, I consent to give, to the best of my ability, any further information they may request as they deem necessary to fully process this application. I have read and understand the terms of this Scholarship. I understand that a personal interview may be required if my son or daughter is a finalist in the selection process. I agree to be present at such an interview. I have read, understand, and agree to the terms of this Scholarship.

Parent or Guardian of applicant: (signature)_____ Date: _____

Please print name: _____

To the best of my knowledge the information given on this application is true and correct. Sylvan Hills Lodge, or any representative thereof in this matter, has my permission to verify any part of the information given herein. Further, I consent to give, to the best of my ability, any further information they may request as they deem necessary to fully process this application. I understand that a personal interview may be required if I am a finalist in the selection process. I agree to be present at such an interview. I have read, understand, and agree to the terms of this Scholarship.

Applicant signature: _____ Date: _____

The deadline to file this application is March 1 of the current year. Must be postmarked by March 1.

This application should be mailed to:
Sylvan Hills Masonic Lodge #754, Scholarship Committee
P.O. Box 6221
Sherwood, AR 72124-6221
<http://www.sherwood-masons.org> sylvanhills754@gmail.com