

# Belle Point Masonic Lodge #20 F&AM

Youth and Scholarship Committee

600 South Zero Street

Fort Smith, AR 72903



## SCHOLARSHIP APPLICATION QUESTIONNAIRE

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**APPLICATION FOR EDUCATIONAL ASSISTANCE**

THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. High School transcript (including test scores such as SAT, ACT, etc.) and, if you are now enrolled in college, a transcript of your college record through the most recently completed semester, quarter or similar term.
2. A typed essay of 300 to 500 words stating why you are applying for this scholarship and what are your future goals. You do not need to mention for financial reasons, we understand the costs with college.
3. A list of prior school activities, awards, offices held, and honors (high school and college). This must be separate from your essay.
4. A list of all community and volunteer activities within the community. This must be separate from your essay.
5. A short list of any extenuating circumstances you may have. This must be separate from your essay.

**APPLICATION DEADLINE APRIL 15, 2021**

Mail to: Belle Point Masonic Lodge # 20, 6000 South Zero St. Fort Smith, AR 72904

1. The issuance of any scholarship is conditional on enrollment as a full-time student (taking at least 12 hours credit per semester or term leading to a degree) at an accredited college or university located in the United States.
2. Selection of scholarship recipients will be based on scholastic performance and aptitude.

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

Number of years at this address: \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Date of birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name & Address of father: \_\_\_\_\_

Name & Address of mother: \_\_\_\_\_

Relatives with Masonic Affiliations:

Applicant's (Student's) Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Monthly Salary/Wages: \$ \_\_\_\_\_

## Educational Information

Name of high school from which you will graduate: \_\_\_\_\_

Address of high school: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Month and year of graduation from high school: \_\_\_\_\_ Telephone: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ on a \_\_\_\_\_ scale

Number of earned hours of credit at graduation: \_\_\_\_\_

**NOTE: A copy of your high school transcript, including test scores such as ACT, SAT, etc., must accompany this application.**

College or School you will attend for fall term: \_\_\_\_\_

Address of College: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Telephone number of Financial Aid Office: \_\_\_\_\_

Your anticipated declared major: \_\_\_\_\_

Extenuating Circumstances:

(Please list any extenuating circumstances that you would like us to consider.)

Please sign below that this application is true and correct.

\_\_\_\_\_

(Signature of Applicant)

\_\_\_\_\_

(Date Submitted)

You may include one letter of recommendation.