

**SCHOLARSHIP APPLICATION
OFFERED BY
UNITY LODGE #95 F. & A. M. OF TENNESSEE**

THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. **Official** High School transcript **issued by** the school (including test scores such as SAT, ACT, etc.) If you are now enrolled as an undergraduate or graduate student, an official transcript of your school record through the most recently completed semester, quarter, or similar term.
2. A list of prior school activities, awards, offices held, and honors (high school and/or college).
3. A list of all community and volunteer activities within the community.
4. A short list of any extenuating circumstances you may have.

APPLICATION DEADLINE: POSTMARKED or EMAILED BY APRIL 15, 2026

MUST be mailed in hard copy to: Unity Lodge #95, 642 Colonial Road, Memphis, TN 38117 or emailed in a PDF format to unitymasoniclodge95@gmail.com

1. The issuance of any scholarship is conditional on enrollment as a full-time student (taking at least 12 credit hours per semester or term leading to a degree) at an accredited college, university or community college located in the United States.
2. Selection of scholarship recipients will be based on scholastic performance and aptitude.
3. Applicant must be a graduate of a public high school, private high school, or student of the Accredited Home School Program (with a G.P.A. of 3.0) or currently enrolled as an undergraduate or graduate student at a college, university or community college maintaining a G.P.A. of 3.0.

Name of Applicant: _____

Home Address: _____
(Street) (City) (State) (Zip)

County of Home Address: _____ Date of Birth: _____

Number of Years at this Address: _____ Phone Number: _____

Email Address: _____

Father's Name: _____

Father's Address: _____

Mother's Name: _____

Mother's Address: _____

Applicant's (Student's) Current Employer (if employed) _____

Position: _____ Number of Year's Employed: _____

EDUCATIONAL INFORMATION

Name of High School from which you will graduate: _____

Address of High School: _____
(Street) (City) (State) (Zip)

High School Counselor/Advisor Name: _____

Counselor/Advisor Email: _____

Counselor/Advisor Phone: _____

Month & Year of High School Graduation: _____

Grade Point Average: _____ on a _____ scale

Number of earned hours of college credit at High School graduation (AP or Dual Enrollment credits): _____

NOTE: A copy of your High School transcript (including test scores such as ACT, SAT, etc.) must accompany this application.

Name of school you will attend: _____

Address of school: _____
(Street) (City) (State) (Zip)

Financial Aid Office Telephone: _____

Your anticipated declared major: _____

Extenuating Circumstances:

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

Do you qualify for a Pell Grant: Yes: _____ No: _____

Do you have a Masonic relative(s) (answering no does not disqualify you): Yes: _____ No: _____

If so, give name and relationship: _____

I certify the information I have provided on this application is accurate and that I have not intentionally withheld information requested.

(Signature of Applicant)

(Date Submitted)

Please include one letter of recommendation.