

# 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, 2023

**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](mailto: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.