ROWAN COUNTY MASONIC SCHOLARSHIP APPLICATION INSTRUCTIONS

FAILURE TO FOLLOW THESE INSTRUCTIONS WILL DISQUALIFY THE APPLICATION SO PLEASE READ THEM CAREFULLY. THIS PAGE IS <u>NOT</u> PART OF THE APPLICATION PACKAGE TO BE SUBMITTED. PLEASE DO NOT INCLUDE IT WITH YOUR APPLICATION.

THE SCHOLARSHIP IS OPEN TO ANY RESIDENT OF ROWAN COUNTY WHO IS PURSUING AN EDUCATION BEYOND HIGH SCHOOL.

Completed applications due to Mrs. Trexler in Guidance by Monday, March 25, 2024

APPLICATIONS MUST COMPLETE TO BE CONSIDERED. INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED. THE COMPLETED APPLICATION INCLUDES THE FOLLOWING:

- 1. PART 1: PERSONAL INFORMATION TO BE COMPLETED BY THE CANDIDATE.
- 2. PART 2: A ONE PAGE, **HAND WRITTEN** ESSAY EXPLAINING WHY THE CANDIDATE NEEDS THE SCHOLARSHIP.
- 3. PART 3: ACADEMIC AND REFERENCE INFORMATION TO BE **COMPLETED BY SCHOOL PERSONNEL**.
- 4. TWO LETTERS OF RECOMMENDATION EACH NOT TO EXCEED ONE PAGE.

 AT LEAST ONE OF THE LETTERS MUST BE FROM SOMEONE NOT

 AFFILIATED WITH THE CANDIDATE'S SCHOOL. THE RECOMMENDERS

 MAY SEAL THE RECOMMENDATIONS IN AN ENVELOPE IF THEY SO DESIRE.
- 5. HIGH SCHOOL TRANSCRIPT.

ROWAN COUNTY MASONIC SCHOLARSHIP APPLICATION FORM

Due to Mrs. Trexler in Guidance by Monday, March 25, 2024

PART 1: (TO BE COMPLETED BY THE CANDIDATE)

EMAIL:				
NAME:		PHONE:		
WHERE WERE YOU	BORN?		DOB:	
CURRENT ADDRESS	:			
WHAT HIGH SCHOO	L DO YOU ATTEND	?		
WHAT SCHOOL DO	YOU PLAN TO ATTE	END UPON GRADUA	ATION?	
WHAT FIELD OF STU	JDY DO YOU PLAN	TO PURSUE?		
	BODY (YORK RITE,		ASONIC FRATERNITY HRINE, EASTERN STAR,	
THEY BELONG:			ANIZATION TO WHICH	
ARE YOU A DEMOL	AY OR RAINBOW G	IRL?		
FATHER'S NAME:				
OCCUPATION:				
MOTHER'S NAME: _				
OCCUPATION:				

IS EITHER OF YOUR PARENTS (OR LEGAL GUARDIAN) DISABLED?
IF YES, DESCRIBE THE NATURE OF THE DISABILITY:
DETAIL BELOW ANY ACTIVITIES IN WHICH YOU PARTICIPATE. INCLUDE SCHOOL, CHURCH AND COMMUMITY.
LIST BELOW OTHER SCHOLARSHIPS YOU HAVE RECEIVED OR EXPECT TO RECEIVE.

ROWAN COUNTY MASONIC SCHOLARSHIP APPLICATION FORM

PART 2: (TO BE COMPLETED BY THE CANDIDATE)

IN THE SPACE BELOW AND IN YOUR **OWN HAND WRITING**, EXPLAIN WHY YOU NEED THIS SCHOLARSHIP. DO NOT EXCEED THE LENGTH OF THIS PAGE.

ROWAN COUNTY MASONIC SCHOLARSHIP APPLICATION FORM

PART 3: <u>(TO BE COMPLETED BY SCHOOL PERSONNEL</u>). ATTACH ADDITIONAL PAGES IF NECESSARY			
SAT MATH:	SAT VERBAL:	GPA:	
CLASS RANKING:			
	TULFULLING PROMISES AN	DATE SHOWS CONSISTENCY D MAINTAINING HIGH	
	ANCES OF HOW THE CANDI THERS AND IS ACTIVE IN M	DATE IS SENSITIVE TO THE EETING SUCH NEEDS.	
WHAT QUALITIES OF LEAI	DERSHIP DOES THE CANDII	DATE POSSESS?	