

UNDERGRADUATE SCHOLARSHIP APPLICATION
OFFERED BY
THE MASONIC SCHOLARSHIP FUND OF MISSOURI, INC.

This application will be considered for the following scholarships:

Samuel Smith Stewart Scholarship
Masonic Merit Scholarship
Ruth Lutes Bachmann Scholarship (For Nursing and Teaching)

THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. A typed essay of 300 to 500 words stating why you are applying for this scholarship and your future goals. You do not need to mention for financial reasons, we understand the costs with college.
2. A list of prior school activities, awards, offices held, and honors (high school and college). This must be separate from your essay.
3. A list of all community and volunteer activities within the community. This must be separate from your essay.
4. A short list of any extenuating circumstances you may have. This must be separate from your essay.
5. A list of newspaper publications to which you would like to have a news release sent if you are selected for a scholarship. Please include address, telephone number, FAX, and email.

APPLICATION DEADLINE: POSTMARKED BY MARCH 1, 2024

MUST be mailed in hard copy to: Grand Lodge Office, 6033 Masonic Drive,
Suite B, Columbia, MO 65202

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.
3. Applicant must be a graduate of one of Missouri's public high schools, private high schools, or an accredited home school program.

Name of Applicant: _____

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

County of home address: _____

Number of years at this address: _____ Home Telephone No. _____

Email Address: _____

Name & Address of father: _____

Name & Address of mother: _____

Applicant's (Student's) Current Employer: _____

Position: _____ Number of years employed: _____

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Educational Information

Name of high school from which you will graduate: _____

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

High School Counselor/Advisor Name: _____ Email: _____

Telephone: _____ Month and year of graduation from high school: _____

Grade Point Average: _____ on a _____ scale

Did applicant take part in an AP/IB Curriculum? _____

Number of earned hours of college credit at graduation: _____

NOTE: Your OFFICIAL high school transcript, issued by the school and including test scores such as ACT, SAT, etc., must accompany this application. If you are now enrolled in college, include an official transcript of your college record through the most recently completed semester, quarter, or similar term.

College 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.