# MT. HOOD MASONIC LODGE No. 32 2015 SCHOLARSHIP APPLICATION

### PURPOSE:

To provide tuition assistance to undergraduate students who are in need, are deemed good citizens, and who plan to support our local community.

### REQUIREMENTS:

1. You must be taking or registered to take courses from an accredited college or trade school that will result in an undergraduate (Associate or Bachelor’s) degree

AND

1. Your most current cumulative grade point average must be at least 3.0 or equivalent

AND

1. You must currently reside within Clark County, WA
-OR-
you must be a direct lineal descendent of any Mt. Hood Lodge No. 32 member in current good standing, living or deceased.

### INSTRUCTIONS TO APPLICANT: Read carefully

*Check each item to ensure that your application isn’t disqualified.*

* **Complete the application in full** and to the best of your knowledge.
* **Submit a Goal Statement** between 300 and 600 words. Include comments on your career goals, and how you hope to serve our local community or society in general. You MUST include a word count in the header or footer region.
* **Submit 3 letters of recommendation**. Those from academic references, employers, religious leaders, and Masonic friends or relatives are preferred.
* **Submit an official sealed grade transcript** *through the last quarter or semester completed*. Transcripts must be original.
* **Submit your application by May 31**. Applications postmarked after May 31 may not be accepted.

You may print this application and complete it by hand, but please print legibly and use ink. Typed applications are acceptable and encouraged. Failure to furnish all required material to the Mt. Hood Lodge Scholarship Committee as described will disqualify the application. Note that none of the information provided by applicants will be used in any way other than to determine scholarship eligibility.

ASSEMBLE IN FOLLOWING ORDER:

1. ALL application pages in numerical order
2. Goal Statement
3. Letters of Recommendation
4. Official sealed transcript

Mail completed application packet to:

Mt. Hood Lodge #32 Scholarship Committee Mt. Hood Lodge No. 32

P.O. Box 822976 Vancouver, WA 98682

APPLICANT INFORMATION

**Full Legal Name: (First Middle Last)**

**Permanent home address**

**Street City State Zip**

**Birthplace: City County State Country**

**Phone number Age Date of Birth**

**Name and address of parents, foster parents, or guardians**

**Parent 1 Address**

**Parent 2 Address**

**Your Employment History** *(Indicate whether part or full time.)*

**Employer Title or Position Dates**

**Do you plan to continue to work through college?** ☐Yes ☐No

 ☐Full time (>20 hrs/wk) ☐ Part time (<20 hrs/wk)

**Will you *need* to work through college?**  ☐Yes ☐No

**Have you ever been convicted of a Felony?** ☐Yes ☐No

*(If yes, please explain)*

**How did you hear about this scholarship?**

**Are you a direct lineal descendent of a Mt. Hood Lodge No. 32 member in good standing?** ☐Yes ☐No

*If yes, please print their full name:*

***By submitting this application for a scholarship to the MT. Hood #32 Masonic Lodge I swear that I will support the Constitution and laws of the United States of America and will, by precept and example, promote respect for the flag and the institution of the United States of America.***

***I understand that any false information furnished in or with this application, or failure to furnish all required items will disqualify me for this award. I declare I am a United States Citizen.***

**Signed Date**

### EDUCATIONAL HISTORY

**From What High School did or will you graduate? GPA:**

**What college do you plan to attend (or are you attending)?**

**College financial aid mailing address:***(Required to coordinate funding if scholarship is awarded)*

**Expected/Current Major: Expected/Current Minor:**

**COMMENDATIONS**

List all academic awards you have received. Include honors, commendations, scholarships, and fellowships.

*(Continue on a separate page if needed)*

**Award Date Received**

International Baccalaureate (IB):Running Start:

**EXTRACURRICULAR ACTIVITIES** *(Clubs, athletics, performing arts, technical training, etc.)*

**Activity Name Year involved**

### BENEVOLENCE - CITIZENSHIP - REPUTATION

**List organizations to which you are currently or have been a member***(e.g. Red Cross, Big Sisters/Big Brothers, any non-profit organization). Attach separate pages if necessary.*

**Name of organization Year Estimated hours per month**

**In addition to the above, in what social, athletic, political, community, church groups, Masonic groups, or other activities did you participate?**

**Organization Type of participation Date Estimated hours per month**

**Out of country experiences**

**Country Language Proficiency**

**How did this out of country opportunity occur?**

# MT. HOOD MASONIC LODGE NO.32SCHOLARSHIP RECIPIENTBACKGROUND INFORMATION FORM

*In the event of a scholarship being awarded, the information obtained through the use of this form will be used for publicity purposes only.*

**DO NOT COMPLETE ANY PORTION YOU DO NOT WANT MADE PUBLIC.**

Your Name:

Parent Names:

Parent 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High school graduating from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College you plan to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After my education is completed, I would like to live in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and use my education to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I give my permission to use all or any part of the information given above for publicity purposes.*

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (minors only)