

OILTON MASONIC LODGE #467
SCHOLARSHIP APPLICATION

(TYPE OR PRINT)

DATE _____

1. NAME _____
 Last First Middle

2. SCHOOL ADDRESS _____
 Street & Number City State ZIP Code

3. PERMANENT ADDRESS _____
 Street & Number City State ZIP Code

4. HOME PHONE _____
5. BIRTHDATE _____

6. NAME OF FATHER _____
 Last First Middle

7. ADDRESS _____
 Street & Number City State ZIP Code

8. FATHER'S OCCUPATION _____

9. NAME OF MOTHER _____
 Last First Middle

- 10 ADDRESS _____
 Street & Number City State ZIP Code

- 11 MOTHER'S OCCUPATION _____

- 12 HAVE YOU APPLIED FOR FINANCIAL AID? _____
 IF NO, WHY? _____

13. WILL YOU RECEIVE OTHER SCHOLARSHIPS? _____

14. GRADE POINT AVERAGE _____

15. EXTRA-CURRICULAR ACTIVITIES/ORGANIZATIONS _____

- _____

NOTE TO APPLICANT: Completion of this form is voluntary on your part. Applicants are considered for this scholarship without regard to race, color, religion, sex, or ethnic origin. The information sought herein is to assist the lodge with record keeping of demographic information relative to our application pool.

