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.