2019 APPLICATION FOR SCHOLARSHIP ASSISTANCE

APPLICANT'S Full Name	
Mailing Address	
City / State	, Zip Code
Phone No.()Age of	f ApplicantDate of Birth / /
)(is , was or am) a Royal Arch Mason having
(Circle One) membership in	(Circle One) Chapter No located in
, N.Y.	
List name of Spouse, Father, or Grandf	father
REFERENCES: Name, Address including	Zip Code (See Item 4 of Instruction Sheet)
1	
2	
3	
(If application is for a Royal Arch Mason or Sp	pouse disregard Father's and Mother's name and address.)
Father's Name	Occupation
Address	Zip Code
Mother's Name	Occupation
Address	Zip Code
Number of family members supported	by family income.
Number (not including applicant) in co	llege this coming year.
Your anticipated tuition and expenses	for the coming school year.
Do you presently have any educational	indebtedness? (YES) (NO)
Amount \$,?	

Please check this boy if you are a Veter	an and would like to be considered for a $\mathbf{M} \cdot \mathbf{F}$

Please check this box if you are a Veteran and would like to be considered for a M∴ E∴ Raymond Roche Royal Arch Veteran Scholarship. This scholarship is available to New York Royal Arch Veterans and the Veterans spouses of New York Royal Arch Masons. Your DD214 must be submitted with this application to be considered for the Veteran Scholarship.

describing their progress towa	Applicants will write an essay of approximately 200-300 words ards their individual career/educational goals and their ed as possible and do not use generalities).
Complete this section <u>ONL</u> not	\underline{Y} if APPLICANT is presently a senior in high school or has
matriculated to an institution	of higher learning.
Name of School	
Located at	
Date APPLICANT will grad	luate / / or graduated / /
Scholarship grade and rank ir	n class (attach Official High School transcript)
Average Rank in	Class of
School Official who may be	contacted: Name
Address:	
	Zip Code
	en accepted to attend (attach copy of letter of acceptance)
	Zip Code
Intended Field of Study	* * * * * * * * * * * * * * * * * * * *
Complete this section <u>ONL</u> institution of higher learning.	$\underline{\underline{Y}}$ if APPLICANT is presently attending a College or other (<i>Note:</i> If APPLICANT has transferred from one College to tance at new school, plus transcript of marks from former
Name of College	
Address	
	Zip Code
In the Fall of 2020 I will be	in my (circle one): 2 nd , 3 rd , 4 th year or Graduate School.
Major Field	Present Cumulative Quality Point Average
Attach (to date) Official Colle	ege Transcript of grades.
Furnish name and address of	College Official who might be contacted:
Name	
	Zip Code

The attached information is accurate and correct to the best of my knowledge and belief and is submitted to the **ROYAL ARCH MASON SCHOLARSHIP AID COMMITTEE** for their consideration in determining the merits of a Scholarship award. In submitting this application, I understand and agree to accept the decision of said Committee as final and conclusive.

Signature of Applicant	 Date _	/	_/
Signature of Chapter Secretary	 Date	/	/

CHAPTER SEAL HERE:

Mail Completed APPLICATION, College/High School Transcript and recommendations together to:

Grand Chapter State of NY RAM Attn: Scholarship Committee 2150 Bleecker Street Utica, NY 13501-1788

NOTE:

- 1. Completed 2019 APPLICATION must be postmarked ON or <u>BEFORE</u> April 1, 2019.
- 2. Completed APPLICATION includes:
 - a. APPLICATION signed by Applicant, signed by the Chapter Secretary and stamped with the Chapter Seal.
 - b. Official High School or College Transcript through the previous Fall Semester. (*Must bear name of School or College.*) Internet and/or Grade Reports are not acceptable.
 - *c*. High School Seniors must include High School Transcript and a copy of College Acceptance Letter.
 - d. If you have NOT received a Royal Arch Scholarship in the past, submit three (3) written letters of RECOMMENDATION.
 - e. Essay
 - f. GPA Grade
 - -- See SCHOLARSHIP ASSISTANCE INSTRUCTIONS on Page 1--