

Acacia Masonic Lodge No. 163 F.&A.M.  
**John Gray & Andy Riess**  
 Unity Chapter 37 Order of the Eastern Star  
 MEMORIAL SCHOLARSHIP APPLICATION

**APPLICANT DATA**

<b>Name:</b>	<b>Gender:</b> M    F    Do not wish to identify
<b>Street Address:</b>	
<b>City/Zip:</b>	
<b>Home Phone:</b>	
<b>Cell Phone:</b>	
<b>Email:</b>	

Sibling Name	Age	Grade Level	Name of School Attending if Applicable

<b>How long have you lived in Florida?</b>	<b>How long have you lived in Martin County?</b>
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**TRANSCRIPT DATA**

<b>APPLICANT RANK:</b>	<b>TOTAL NUMBER IN CLASS:</b>
<b>CUMULATIVE UNWEIGHTED GPA:</b>	<b>CUMULATIVE WEIGHTED GPA:</b>
<b>ACT COMPOSITE:</b>	<b>SAT EVIDENCED BASED READING AND WRITING:</b> <b>SAT MATH:</b>
WAITING FOR SCORES      TAKING SAT AGAIN      TAKING ACT AGAIN	
Taking Dual Enrollment Courses:    Y    N	
Will be receiving Associates Degree by high school graduation:    Y    N	
<b>*Official Documentation may be requested by the scholarship committee*</b>	

**POST SECONDARY DATA**

NAME OF SCHOOL YOU PLAN TO ATTEND	APPLIED		ACCEPTED		
	Yes	No	Waiting decision	Yes	No
<b>1<sup>ST</sup> CHOICE:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2<sup>ND</sup> CHOICE:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3<sup>RD</sup> CHOICE:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Field of study you plan to pursue:</b>
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## FINANCIAL NEED STATEMENT

<b>ESTIMATED COST PER YEAR OF TOP CHOICE COLLEGE</b>	<b>TUITION</b>	<b>ROOM/BOARD</b>
	\$	\$

**DO YOU HAVE:**

- FLORIDA PRE-PAID – TUITION ONLY HOW MANY YEARS \_\_\_\_\_
- FLORIDA PRE-PAID – TUITION, ROOM AND BOARD  
 HOW MANY YEARS TUITION \_\_\_\_\_ HOW MANY YEARS ROOM AND BOARD \_\_\_\_\_

**Amount family can contribute per year:** \_\_\_\_\_

**Personal savings you have put aside for education:** \_\_\_\_\_

**FAMILY’S ADJUSTED GROSS INCOME PER THE PRIOR YEAR (IRS 1040 TAX FORM)**

**(Subject to verification, the 1040 will be requested for some scholarships)**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> UNDER \$20,000      | <input type="checkbox"/> \$40,000 - \$50,000 | <input type="checkbox"/> \$ 70,000 - \$90,000 | <input type="checkbox"/> \$ 125,000 - \$140,000 |
| <input type="checkbox"/> \$20,000 – \$30,000 | <input type="checkbox"/> \$50,000 - \$60,000 | <input type="checkbox"/> \$90,000 - \$110,000 | <input type="checkbox"/> \$140,000 - \$160,000  |
| <input type="checkbox"/> \$30,000 – \$40,000 | <input type="checkbox"/> \$60,000 - \$70,000 | <input type="checkbox"/> \$110,000-\$125,000  | <input type="checkbox"/> \$ 160,000- and over   |

**STUDENT WORK EXPERIENCE:**

EMPLOYER	DATES	SCHOOL YR. HRS/WEEK	SUMMER HRS/WEEK	RESPONSIBILITIES

### UNIQUE CIRCUMSTANCES

(Additional supporting information may be attached.)

**Are there any special financial and/or personal circumstances that need to be considered?**

**COMMUNITY INVOLVEMENT**

(Additional supporting information may be attached.)

List all *community activities / volunteer work for non-profit organizations* you have done, such as, activities through church, non-school organizations, scouting, theatre, environmental groups, etc. (Do not include extracurricular activities in this section.) Please indicate special awards, honors, or offices held.

Name of Organization	Length of Time with Organization	Total Hours Completed	Description of Activity	Awards, Honors, Office Position held

What do you feel is your most positive contribution to your high school or to one of your community activities?

**ESSAY – No more than one page;** discuss your career goals, reason for seeking higher education, reasons for pursuing a particular field of study, and/or reason for choosing a particular college

**OPTIONAL: You may use this page to type additional statements required by various donors or to Copy/paste or snip in other required documents such as SAT/ACT score report or FOCUS course history.**

SCHOOL ACTIVITES / CLUBS / SPORTS	Estimate of hours / year				Office or Leadership position/awards/honors
	9TH	10TH	11TH	12TH	
SAMPLE* Softball	100	100	100	100	Captain

**CERTIFICATION AND SIGNATURE**

- A Complete Application must have:
- Typed and Completed application form signed by student
  - Two to three letters of recommendation required
  - Any special attachments (resume, transcript, IRS information, additional statement, etc... if requested by the donor)

**Completed form needs to be sent via email to : [acacialodgeno163@gmail.com](mailto:acacialodgeno163@gmail.com)**

All of the information included on this form, including attachments, is true, correct and complete.  
 Verification may be obtained from any source.  
 The applicant hereby authorizes the release and use of the applicant’s name and photograph to scholarship donors if they are selected as award recipients.

\_\_\_\_\_  
 STUDENT SIGNATURE

\_\_\_\_\_  
 DATE