

Educational Assistance – Scholarship Application 2009

Please Print or Type _____ Date _____

Name _____ Age _____ Date of Birth _____

Permanent Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ Social Security No. _____

Marital Status: Single _____ Married _____ Number of Dependents and ages _____

EMPLOYMENT SITUATION

Current Employer _____ Annual Income \$ _____

Address _____ City _____ State _____

How long with this employer? _____

FAMILY

Father's Name and Address _____

Mother's Name and Address _____

Father's Occupation _____

Mother's Occupation _____

List all other children supported by parents and their ages. _____

EDUCATION

High School (attending or attended) _____

Location _____

Year Graduated _____ Grade Point Average _____

College (attending or attended) in 2008 – 2009 _____

Address _____ City _____ Zip Code _____

Major _____

Name and Address of Registrar or person to whom check should be sent if granted

Name _____ Title _____

School _____ Address _____

City _____ State _____ Zip Code _____

FINANCES

Estimated yearly college expenses \$ _____

Other Scholarship grants for 2008-2009 (source and amount) _____ \$ _____

_____ \$ _____

MASONIC AFFILIATION

Masonic Lodge: _____ Location _____

Were you ever a member of any of the following Masonic bodies? (check those appropriate)

Eastern Star _____ Years Masonic Lodge _____ Years Rainbow _____ Years _____

Job's Daughters _____ Years DeMolay _____ Years Builders _____ Years _____

Name of your Chapter or Lodge _____

Location _____

ADDITIONAL INFORMATION REQUIRED WITH APPLICATION.

1. Letter of recommendation from Worthy Matron or Sponsoring Chapter.
2. Dated transcript of most recent grades.
3. Letter of recommendation from most recent teaching staff.
4. A brief statement of your vocational goals after completion of higher education, also include your involvement in community service(s). Please submit on a separate sheet of paper.

We affirm the above information to be true and correct

Signature of Parent or Guardian

Signature of Applicant

OUR REQUIREMENTS

This official form must be completed and returned along with additional required information to be the **Chairman of the Educational Assistance Committee by June 1, 2009.** No application will be accepted after that date. Scholarships will be granted without regard to other scholarships which the applicant may receive.

All grants will be made to the institution of higher learning in the name of the applicant.

Please return completed application and other required material to:

Chairman of Educational Assistance
Tom Rigdon
604 S. Spruce St.
Pana, Illinois 62557

Co-Chairmen
Barbara Bilbee
362 W. Gazebo Lane
630-620-0042