



Scottish Rite Foundation of Missouri

UNDERGRADUATE

SCHOLARSHIP APPLICATION

(Print or Type)

Applicant's Name _____
(First) (MI) (Last)

Illustrious Melvin G. Hall, 33° Scholarship Application



(For Office Use Only)

**SCOTTISH RITE FOUNDATION OF MISSOURI, INC.
SCHOLARSHIP APPLICATION**

Instructions:

1. Scholarships are only for undergraduate full-time students. Applicants must carry at least 12 academic hours, for credit, to be considered a full-time student. Awards are generally for the higher education Freshman academic year only and reapplication must be made for each academic year thereafter. Application submission dates: January 1st to March 1st.

2. Applicants must have been accepted in a four-year accredited State of Missouri college or university (Technical, trade, vocational and similar types of programs or summer school are not included.) leading to a bachelor's degree. Applicants desiring to attend an accredited college or university; not located in Missouri, are required to state the reason for their decision. A junior college academic scholarship may be awarded for the two years if the hours are transferable to an accredited college or university degree program.

3. Failure to meet the minimum requirement of a 3.00 cumulative Grade Point Average shall eliminate an applicant for consideration. An official transcript, bearing the seal of the institution and including the last completed semester, is required. On-line transcripts are unacceptable.

4. Personal information, and three letters of recommendation are required. One letter may be from your church, one from your high school counselor/principal or college administrator/instructor, and one personal reference not from a family member or relative. (Letters of recommendation are not required with an application to renew a scholarship)

5. Write or type a brief essay explaining your career goals, and how this scholarship will assist you in achieving those goals.

6. Applicants seeking renewal of scholarship, see Page 8.

7. Attach all the required documents to your application and mail it to the Valley listed below which serves your permanent mailing address:

THE SCOTTISH RITE SCHOLARSHIP COMMITTEE

___ 3633 Lindell Blvd., St. Louis, MO 63108-3301

___ 1330 Linwood Blvd., Kansas City, MO 64109-1935

___ 33 Masonic Drive, Columbia, MO 65202-6535

___ 5th & Byers Ave., Joplin, MO 64801-2609

___ 515 N. 6th. Street, St. Joseph, MO 64501-1802

USE THIS SPACE FOR YOUR ESSAY.

Signature

INSTRUCTION

6. Cont'd. Renewal Applications

Upon completion of each academic year, to remain eligible for renewal of a scholarship, the recipient shall provide information on this page as to how the Scottish Rite Scholarship helped them during the previous academic year.

Signature

Personal Statement

(This questionnaire is CONFIDENTIAL. The information requested is essential for consideration of your application.)

1. Date of birth _____
2. School Attending _____ Current Grade Level _____
3. Cumulative Grade Point Average _____ ACT Score _____
Total Credit Hours _____
4. Are you a member of a scholastic fraternity, sorority, or society?
Yes No (Circle)
Name _____ Honorary/Social (circle) Annual Dues \$ _____
5. Do you have any indebtedness? _____ Amount \$ _____
6. List sources and amounts of the funds used to finance your education.

7. Are you employed? Yes No (circle) Type of Employment _____

8. Itemize your college expenses for the year. Tuition and Fees \$ _____
Room and Board \$ _____ Other \$ _____

9. Name of father/guardian _____
Address _____
Occupation _____
10. Name of mother/guardian _____
Address _____
Occupation _____
11. Are you currently receiving other scholarship funds? If so:
Type _____ Amount \$ _____

Applicants Assets

List assets that the applicant has as his/her own, such as bank accounts, trust fund, real estate, bonds, insurance policy, or other.

ORGANIZATION MEMBERSHIPS

1. I am a member of: _____

address _____

2. Describe Activities _____

SCHOOL ACTIVITIES (List)

3. School Activity Office Held

CIVIC/CHURCH ACTIVITIES (List)

ORGANIZATION

ACTIVITY

Personal Statement Cont'd.

List all children in the family and indicate the financial support they receive during the year, be precise.

<u>Relationship</u>	<u>Est. Amount</u>	<u>Age</u>	<u>Income Tax Dependent</u>	<u>Public/Private School</u>
Applicant	_____	_____	_____	_____
Brothers	_____	_____	_____	_____
	_____	_____	_____	_____
Sisters	_____	_____	_____	_____
	_____	_____	_____	_____

Make and Year of any personal vehicles. If one is owned by the applicant, please designate.

1. _____
2. _____
3. _____

**FAMILY INCOME AND EXPENSES
FOR THE CALENDAR YEAR**

**TOTAL ANNUAL INCOME
FROM ALL SOURCES**

Father \$ _____
Mother \$ _____
Applicant \$ _____

Total \$ _____

Total indebtedness \$ _____

EXPENSES

Living Expenses (housing, food,
insurance, Etc) \$ _____
Business Expenses \$ _____

Other \$ _____

TOTAL EXPENSES \$ _____