Applicants	Personal	Information
		

First Name:	MI: Last Name:
	Social Security No:
	D EDSH (DA) (D) (V)
City:	n (14 1) (5-mala)
State: Zip:	· ·
Home Ph: ()	
	(Please attach Picture Here)
Cell Ph: ()	(Requirea)
e-Mail @:	1 1
I attend (name):High Sc	
CUMULATIVE GPA:	1
RANK IN CLASS:	
ACT Score:	
SAT Score:	
Have you submitted the FAFSA:	(yes) (no)
And linearte Ferrille Intermedic	
Applicants Family Information)
Father's Name:	Occupation:
Mother's Name:	Occupation:
Is there a Mason in your family? (yes)	(no) Who:
	he home including yourself:
Number of Family Members currently	
Parents Combined Yearly Adjusted Gro	
	\$20,000 to \$24,999 \$25,000 to \$29,999
\$30,000 to \$34,999	\$35,000 to \$39,999 \$40,000 to \$44,999
\$45,000 to \$49,999	\$50,000 to \$59,999 Above \$60,000

SECTION 1. IDENTIFY AND DESCRIBE BRIEFLY IN THE APPROPRIATE SPACES BELOW YOUR LEADERSHIP RESPONSIBILITIES, HONORS, AND ACTIVITIES:

LEADERSHIP (List Ele	cted Positions, e.g. Student	Council, Class Officer, Clubs,	Organizations, etc.)
ORGANIZATION	POSITION HELD	RESPONSIBILITIES	GRADE (9, 10, 11, 12)
LIONORS (A cadomic	, All-State, Contests, Leaders	hin etc)	
TITLE AND AWARD D		тр, еш.)	GRADE (9, 10, 11, 12)
	nterest Groups, Organizatio nity Service, etc.)	ns, Fine Arts, Recreation, Ath	letics, Church,
NAME	DESCRIBE RESPONSIBILITIE	S/INVOLVEMENT	GRADE (9, 10, 11, 12)
	**		
**************************************	9	A CONTRACT OF THE CONTRACT OF	
OTHER (Work, Etc.	.)		-

2023 Scholarship Application

SECTION II.	PERSONAL RESPON	SE	
WHAT COLLE		AVE YOU APPLIED TO AND BEEN ACCEPTED? ADDRESS	ACCEPTED (YES/NO)
	- 20		
WHAT WILL E	BE YOUR FIELD OF STU	IDY OR MAJOR?	-
WHAT EDUCA	ATIONAL AND PROFES FAIN THEM? (Explain i	SIONAL GOALS HAVE YOU SET FOR YOURSELF, in terms of planned Major)	AND HOW DO YOU
WHAT HAVE PERSONAL O	YOU DONE TO PREPA LUALITIES DO YOU POS	RE YOURSELF FOR POST HIGH SCHOOL EDUCA SSESS THAT WILL HELP YOU SUCCEED?	TION, AND WHAT
		and the second s	
-			
-			
GIVE A BRIEF COLLEGE.	EXPLANATION OF AN	ny spécial circumstances concerning fin	ANCIAL AID FOR
		:	

MY SIGNATURE BELOW INDICATES THAT I UNDERSTAND THAT WITHHOLDING INFORMATION
REQUESTED OR GIVING FALSE INFORMATION MAY MAKE ME INELIGIBLE FOR CONSIDERATION OF
SCHOLARSHIP.

	DATE:	
Scholarship Applicants Signature		*1
	DATE:	
High School Counselors Signature	DAIL!	

Mail Completed Scholarship Application to Ardmore Masonic Lodge #31
Scholarship Committee
1032 Cherry Street
Ardmore, OK 73401