

SCHOLARSHIP APPLICATION

The Knights Templar Educational Foundation, Division of Georgia
Scholarship Committee
811 Mulberry Street
Macon, Georgia 31201

The Grand Commandery of Georgia, Knights Templar, provides the scholarship for which you are applying. This is an organization of Christian Freemasons, which is dedicated to providing financial assistance in the areas of sight care and research, ministerial educational, and post-secondary education. The scholarship you are applying for is intended to aid students in receiving their 2-year and 4-year college and graduate degrees or other post-secondary education. All applications will be considered without regard to age, race, religion, national origin, gender, or financial circumstances. Applicants must be a United States citizen and Georgia resident.

This scholarship is a one-time award for one thousand dollars (\$1,000.00). However, you may reapply each year and be reconsidered for another award.

Below is a list of items which must be submitted to complete your application. A space is provided for you to record each submission. Regarding the recommendations, a total of three letters are required. These letters should be from people who are familiar with you, your character, and scholastic abilities, such as a minister, teacher, or civic leader.

All information should be mailed to the address above by the deadline indicated below. Email applications will be accepted and submitted to joelgoetz@yorkriteofga.org. Only applications that are totally complete will be considered. Please type or print the application in ink.

**All completed applications and supporting documents must be received no later
November 1st**

APPLICATION

REQUIREMENTS:

Sent By:

Date Sent:

Application

Transcript(s)

List of Activities

Recommendation(s)

Letter of Intent

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____

Birth Date _____ Age _____

Address _____

City _____ State _____ Zip _____ Telephone _____

High School _____

Address _____

UNIVERSITY/SCHOOL INFORMATION

Name of Post-Secondary School _____

Address _____

Expected Student Status: (Check One) Full Time __ Part Time __ For the Year _____

Enrollment Status: (Check One) Freshmen __ Sophomore __ Jnr __ Snr __ Grad __

Major Course of Study _____

Minor Course of Study _____

ACADEMIC INFORMATION

University/School must send official transcript to the committee.

S. A.T. Scores: Math _____ Verbal _____ if not available list other achievement scores
and tests below:

Grade Point Average (G.P.A.) _____ on a scale of _____

List all of the academic awards and honors you have received. (Attach separate sheet
if needed.)

FINANCIAL INFORMATION

Do not leave any question blank. If unsure of the correct answer, please provide a reasonable estimate.

Annual Educational Expenses \$ _____

Tuition and Fees \$ _____ Transportation \$ _____

Room and Board \$ _____ Books and Supplies \$ _____

Other expenses with explanation _____

List any financial aid for which you have been approved and will receive this academic year.

_____ \$ _____

_____ \$ _____

_____ \$ _____

How much will you contribute toward your total expense?

Source:

Amount:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

OTHER INFORMATION

On a separate sheet of paper list your membership with clubs, civic activities, religious or political organizations. List the name of each organization, any office held or rank attained by you, the date(s) of membership, and any awards or honors received.

Also, on a separate sheet of paper, in a letter of intent, outline your future plans, how you plan to use your education, and how you believe it will benefit you and society as a whole.

I certify that all information contained herein or attached is correct to the best of my knowledge.

APPLICANT'S SIGNATURE: _____ **DATE:** _____