



Charles H. Wesley Lodge No. 147
The Most Worshipful Prince Hall Grand Lodge, F & A.M.
Maryland and Jurisdiction, Incorporated
Fourth Masonic District
P.O. Box 848
Bowie, Maryland 20718



SCHOLARSHIP APPLICATION

Please type or print clearly in black or blue ink. Incomplete applications will be disqualified.

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
CITY STATE ZIP CODE

DATE OF BIRTH _____

E-MAIL ADDRESS _____

PRIMARY PHONE _____

HIGH SCHOOL _____

GRADUATION DATE _____ GRADE POINT AVERAGE _____

(Based on a 4.0 Scale)

SAT SCORE _____ DATE TAKEN _____

HONORS AND AWARDS RECEIVED IN HIGH SCHOOL (Indicate Year):

NAMES AND LOCATIONS OF COLLEGES/UNIVERSITIES YOU HAVE APPLIED:

FIRST CHOICE _____

SECOND CHOICE _____

INTENDED MAJOR _____

AFFILIATIONS AND LEADERSHIP POSITIONS:

<u>ORGANIZATION</u>	<u>POSITION HELD</u>
_____	_____
_____	_____
_____	_____
_____	_____

EXTRACURRICULAR ACTIVITIES, HOBBIES, AND SPECIAL INTERESTS:

EMPLOYMENT (Indicate Year)

FAMILY INCOME

___ LESS THAN \$8,000	___ BETWEEN \$8,000-\$15,000
___ BETWEEN \$15,000-\$25,000	___ BETWEEN \$25,000-\$35,000
___ BETWEEN \$35,000-\$50,000	___ GREATER THAN \$50,000

INCLUDE A COPY OF YOUR PARENT'S OR GUARDIAN'S W-2 WAGE AND TAX STATEMENT.

APPLICANT RESIDES WITH: _____
NAMES AND RELATIONSHIP

It is your responsibility to give your Guidance Counselor the Scholarship Guidance Counselor Support Statement. Forms must be completed and sent to: Charles H. Wesley Masonic Lodge No. 147, PO Box 848, Bowie, Maryland 20718 by **June 30 of the current year**. If any portion of the scholarship package is not postmarked by this date, you will be disqualified. If you have any questions or concerns, please call Scholarship Chairperson, Milton A. Jews at 301.249.1784.

CERTIFICATION: I certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature _____ **Date** _____