

**Charles H. Wesley
Masonic Lodge No. 147
P. O. Box 848
Bowie, Maryland 20718**

SCHOLARSHIP APPLICATION

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

NAME _____
 LAST FIRST MIDDLE

ADDRESS _____

 CITY STATE ZIP CODE

TELEPHONE NUMBER _____ DATE OF BIRTH _____

Email address _____

Cell phone number _____

HIGH SCHOOL _____

DATE OF GRADUATION _____ GRADE POINT AVERAGE _____

(Based on a 4.0 scale)

SAT SCORES _____ DATE TAKEN _____

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

NAME AND LOCATION OF COLLEGE OR UNIVERSITY YOU HAVE APPLIED TO:

FIRST CHOICE _____
SECOND CHOICE _____

INTENDED MAJOR _____
AFFILIATIONS AND LEADERSHIP POSITIONS:

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

EXTRACURRICULAR ACTIVITIES, HOBBIES, SPECIAL INTEREST:

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 2017 W-2, WAGE AND TAX STATEMENT.

APPLICANT RESIDES WITH: _____
NAMES AND RELATIONSHIP

It is your responsibility to give your Guidance Counselor a support application. Forms must be completed and sent to: Charles H. Wesley Masonic Lodge No. 147, P.O. Box 848, Bowie, Maryland 20718 by **June 30, 2018**. If any portion of this Scholarship package is not postmarked by this date, you will be disqualified. If you have any questions call 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 _____