



Oquawka Masonic Lodge No. 123, A.F. & A.M.



2020 MEMORIAL SCHOLARSHIP

APPLICATION FORM

_____ First Name _____ Middle Initial/Name _____ Last Name _____

Gender: Male _____ Female _____ Age _____ Dob: ____ / ____ / ____ /
mm dd yyyy

Home Address: _____, City: _____
(PO Box, Street, R. Route)

State: _____, Zip: _____, Phone: _____ and/or Cell Phone: _____,

e-mail _____

Father/Guardian _____ Ph _____

Address: _____

Mother/Guardian _____ Ph _____

Address: _____

Submit with this application form:

- F. Willingness to learn – a short essay why you are pursuing a higher education in your chosen field.
- G. Character – which takes into consideration citizenship and community involvement – submit a description of your past community activities which may include church, civic, and youth organizational participation.
- H. Describe why you are interested in a particular career in your chosen field.
- I. Grade Point Average Documentation.
- J. Copy of Documentation of Acceptance and Enrollment as soon as it is received.

This form must be signed by the applicant and dated. By signing this application, the applicant grants permission for the committee to verify information provided on this application with the proper school authorities.

_____ Signature of applicant _____ Date _____

Please return this application by April 1, 2020 to:

**Oquawka Masonic Lodge
ATTN: Scholarship Committee
P.O. Box 193
Oquawka, Illinois 61469**

