



THE GRAND LODGE OF ANCIENT FREE AND ACCEPTED MASONS OF IDAHO

Established 1867

Dear Masonic Family Member or Friend,

Enclosed, please find a copy of the application for the 2015 Grand Lodge of Idaho Scholarship. We would greatly appreciate it if you would please forward a copy to any eligible students you know. All Class of 2015 High School Seniors (i.e., who graduate this year) and who going to attend a college, university, or trade school for the 2015-2016 school year are eligible.

Masonic family affiliation is not required to be award this scholarship. Please help us to spread the word to permit the committee to receive applications from all qualified applicants.

Completed applications, with all supporting documents, must be postmarked by May 26, 2015.

Please send completed applications to:

Gary LaBruyere
Chair, Grand Lodge Youth Committee
1575 Bull Pen Way
Idaho Falls, ID 83401

If you have any questions, please contact the chair at 208-351-9425 or gary.labruyere@hotmail.com.

Fraternally,

Grand Lodge Youth Committee
Gary LaBruyere, Chair
William Skerjanc
Donald Nelson
Steve Hall
Russ Smith
William Votaw
George Butters
Max Newcomer

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Masonic Scholarship Application

The Grand Lodge of Ancient Free and Accepted Masons of Idaho 2015 Scholarship is open to application by all students who will graduate from an Idaho High School in 2015, who will be attending a College, University, or Technical School as incoming freshmen in the 2015-2016 school year. Masonic affiliation is not required. Please forward the following application, financial information, transcripts and required attachments/statements to the Chairman of the Grand Lodge Youth Committee.

APPLICATIONS MUST BE POSTMARKED BY MAY 26, 2015

STUDENT INFORMATION

Name:		
Date of Birth:		State of Birth:
Address:		City:
School Address:		City:
Permanent Phone:		School or Cell Phone:
Student email Address:		

FAMILY INFORMATION

Parent 1 Name:		Relation:
Address:		City:
State:		Zip:
Permanent Phone:		Cell Phone:
Parent 2 Name:		Relation:
Address:		City:
State:		Zip:
Permanent Phone:		Cell Phone:
Parent 1 Name:		Relation:
Address:		City:
State:		Zip:
Permanent Phone:		Cell Phone:

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MASONIC AFFILIATION (NOT required to be awarded)

Is or was at the time of his death one of the following a member in good standing of a Lodge of Ancient Free and Accepted Masons or a Lodge of Free and Accepted Masons (need only to check one if applicable):	
My Father <input type="checkbox"/>	
My Grandfather <input type="checkbox"/>	
My Step Grandfather <input type="checkbox"/>	
No. of Lodge:	Name of Lodge:

MASONIC YOUTH GROUP MEMBERSHIP (NOT required to be awarded)

I am currently a member of Jobs Daughters International: <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Bethel No.	City:
I am currently a member of the International Order of Rainbow for Girls: <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Assembly No:	City:
I am currently a member of the Order of DeMolay: <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Chapter:	City:

In all cases, if you are or were active in one or more of the Masonic Family Youth Groups, please **ATTACH** a statement outlining your involvement, including years active, offices held (if any), and other accomplishments.

If you do not have Masonic Affiliation, please **ATTACH** a statement of how you heard of our Scholarship program and why it interests you.

SCHOOL INFORMATION

Name of College, University or Technical School you will Attend:	
Registrar's Address:	
City:	State:
Registrar's Phone:	Registrar's email:
Major:	Minor:
Program of Study:	
Length of Program: (e.g. weeks/months):	
Study leads to a Certificate or License: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, list Certificate/License type:	

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STUDENT'S STATEMENT (ATTACH):

Please **ATTACH** a statement of at least 250 words describing why you have chosen the particular field or program of study you listed in this application. Why does it interest you, or what career do you hope to pursue with this education you are seeking? If you have not decided on a major or program of study, describe a field that currently interests you as a potential major and why it is of interest to you.

SCHOOL ACTIVITIES AND HONORS (ATTACH):

Please **ATTACH** a list of High School activities you have participated in during your attendance. After each activity indicate the grade(s)/year(s) you participated in that activity using the symbols 9, 10, 11, 12. Additionally, list any leadership position you may have held in these activities and include the grade (9, 10, 11, 12) when the position was held. Describe any special circumstance which may have limited your participation in school activities. Please describe any honors or distinctions received.

COMMUNITY INVOLVEMENT AND HONORS (ATTACH):

Please **ATTACH** a statement of the ways in which you, as a volunteer, have been of service to your community in general and/or to certain community members in particular. This service may have been performed as a member of an organization and/or on your own as an individual. Indicate any leadership roles you may have held in this area. Describe any community honors or distinctions received.

OFFICIAL TRANSCRIPT:

Please **ATTACH** a copy of your Official Transcript.

X

Applicant Signature

No Scholarship will be awarded without a complete application accompanied by a copy of your Official Transcript. The deadline for the Scholarship application is May 26, 2015.

<p>Ensure your allocation includes the following:</p> <ol style="list-style-type: none"> 1. Completed Application Form – with signature 2. Copy of official Transcripts 3. Required Statements/Attachments 4. Financial information 	<p>Mail Completed Application packets to:</p> <p>Gary Labruyere, Chair Grand Lodge Youth Committee 1575 Bull pen Way Idaho Falls, ID 83401 Email: gary.labruyere@hotmail.com</p>
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SCHOOL INFORMATION CONTINUED:

Name of High School Attended:		
Address:		
City:	State:	Zip:
Final GPA:		

2015 FINANCIAL INFORMATION

Applicant Student Dependency Status

As of today, are you married? Answer "Yes" if you are separated but not divorced.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
"As of Today" refers to the day you signed this application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently serving on active duty in the United States Armed Forces for purposes other than training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a Veteran of the United States Armed Forces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have children who will receive more than half of their support from you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Applicant Student Financial Information

Select from the choices below the type of tax returned you filed for the last tax year:		
<input type="checkbox"/> 1040	<input type="checkbox"/> 1040A	<input type="checkbox"/> 1040EZ
Other: List or if None State None: <input type="checkbox"/>		
What was you (and your spouse's if applicable) adjusted gross income for the last year? \$:		
How much did you earn from working last year? \$:		
How much did your spouse (if applicable) earn from working last year? \$:		
Income/aid you will receive from grants and/or scholarships for the upcoming school year? (Include AmeriCorps benefits, awards, living allowances, interest accrual payments, fellowships and assistantships) \$:		
Other compensated income on your behalf (e.g. bills) not reported elsewhere on this application. \$:		
If you are a Veteran or Veteran's Dependent, will you receive any Veteran's Education Benefits? Is so, select from below the type(s) of Veteran's Education Benefits you will receive.		
<input type="checkbox"/> None	<input type="checkbox"/> Montgomery GI Bill Active Duty, Chapter 30	<input type="checkbox"/> Post 9/11 G Bill, Chapter 23
<input type="checkbox"/> Reserve Educational Assistance Program, Chapter 1607	<input type="checkbox"/> Vocational Rehabilitation and Employment, Chapter 31	<input type="checkbox"/> Dependents' Educational Assistance, Chapter 35
<input type="checkbox"/> Any other type of Veterans Educational Benefits	<input type="checkbox"/> Selected reserve, Chapter 1606	<input type="checkbox"/> Montgomery GI Bill

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Applicant Student Education Expenses

College/Institution Tuition:	\$:
Books:	\$:
Housing and Food:	\$:
Other Expenses:	\$:
Total:	\$:
Expenses are per: <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester <input type="checkbox"/> Year <input type="checkbox"/> Other:	

Applicant Student Other Income (anticipated sources)

Student Loans:	\$:
Grants:	\$:
Scholarships:	\$:
Aid:	\$:

Applicant any other anticipated income and sources thereof for the coming year

Source:	\$:
Source:	\$:
Source:	\$:

Parental Information

Select from below your parents' marital status as of today. "As of today" refers to the day that you sign this application.

<input type="checkbox"/> Married	<input type="checkbox"/> Divorced or separated	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed
Parent 1, State of legal residence?			
Parent 2, State of legal residence?			
Enter Parent 1, number of dependents for last year:			
Enter Parent 2, number of dependents for last year:			
How many people in your parent/parents household(s) will be College students this coming year? Always include yourself. Do not include your parents. Include others only if they will attend at least half-time in the coming school year at an institution that leads to a College Degree or Certificate.			
Number:	Number:	Number:	Number: