**ST. ALBAN LODGE No. 529, F&AM**

**The JOSEPH A. FLETCHER, JR., P.M. MEMORIAL SCHOLARSHIP**

**FUNDED BY- THE WILLIAM H. B. AND MARY STEWART SCHOLARSHIP TRUST**

**APPLICATION FOR SCHOLARSHIP AID for ACADEMIC YEAR 2024-2025**

**TO THE APPLICANT**: Scholarship grants normally are in the amount of no more than $1500.00, depending on the availability of funds. Award of a Scholarship grant will be based upon how thoroughly and accurately you have completed this application, the timeliness of its arrival to the Committee, and upon the consideration of, but not limited to, the following criteria:

1. Your GPA.

2**. A 500 word essay** stating your goal in the course of study you propose to follow or are now pursuing OR how our aid will assist you in achieving that goal.

3. Financial need.

4. Recommendation of school counselors, teachers OR a professor.

5. Your course of study must be offered by a recognized or certified community college, college, university, seminary, or a trade, technical, or business school.

**IF YOU ARE A HIGH SCHOOL SENIOR, PLEASE BE SURE TO INCLUDE A COPY OF A LETTER OF ACCEPTANCE FROM THE COLLEGE YOU WILL ATTEND IN THE FALL**.

The funds available are limited and of necessity the Scholarship Committee must impose, in its own judgment, fair limits on the **dollar amount and number** of awards made in any year. Therefore the following statement is **VERY** **IMPORTANT**: YOU MUST ATTACH A COPY OF A TRANSCRIPT OF YOUR SCHOLASTIC ACHIEVEMENT FROM THE POST-HIGH SCHOOL EDUCATIONAL INSTITUTION YOU ARE NOW ATTENDING **OR** YOUR HIGH SCHOOL if THIS application is for the first year of post-high school study. This may be a photocopy of your most recent report card or, preferably, a **COPY** of an official transcript.

*Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*My relative, who is currently a Master Mason member (or deceased member) in good standing of St. Alban Lodge, is:*

*Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is my Father\_\_\_\_\_ Grandfather\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_*

*Name of Institution to be attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*School’s Mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I will be in my (circle one) First Second Third Fourth Fifth Other year.*

*My most recent College Board Scores are (if you are still in High school): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Previous college attended (if you are a transfer student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Present source of income for school expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*In the last year, I have been able to earn THIS $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_amount toward the cost of my education.*

*I* *expect to receive the following aid* *from sources other than relatives and my work income:*

*Grant(s) $ Loan(s) $*

*Other Scholarships $ Other $*

*I am preparing for this career: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*My hobbies, activities and interests are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*My youth organization membership(s) are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*My religious affiliation: (voluntary, not required)*

*I have a number of brothers or sisters who are now in high school now in college*

*I need financial aid because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*You may add any comments or information you consider to be relevant to your application on a separate sheet of paper and attach it securely to this Application.*

**IMPORTANT**

Recommenders must be two Master Masons, members of St. Alban Lodge No. 529, F&AM,

*currently in good standing* and NOT related to the applicant.

**PLEASE NOTE: The Scholarship Committee will not be responsible to obtain these signatures for you unless you write a note explaining why you or a relative are unable to obtain them.**

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMIT COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION BY May 15, 2024 TO:**

**Scholarship Committee**

**c/o: Andrew B. Schure**

**2663 Salmon Street**

**Philadelphia, PA 19125**

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Do not write below this line; for Lodge Secretary only.

**VERIFICATIONS BY LODGE SECRETARY**

The names and signatures indicated above are members in good standing of St. Alban Lodge No. 529, F&AM, and are entitled to give true and accurate references and information on behalf of the scholarship applicant.

ATTEST: (seal) (date)

Secretary

Do not write below this line; for Scholarship Committee use only.

Approved by the Scholarship Committee: .

(date)

Scholarship Payment made: Amount: $

(date)

Check made payable to:

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