THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION

APPLICATION FOR SCHOLARSHIP

(Only our current Application forms may be used)

Name:					
Permanent address:					
Street	City	State	Zip		
College/ University:					
Address:					
Street	City		State	Zip	
Phone Number: Applicant's Permanent ()		College ()		

INSTRUCTIONS

BE CERTAIN THAT ALL REQUIRED DOCUMENTS AND MATERIALS ARE MAILED TO:

The Arkansas Knights Templar Educational Foundation, P.O. Box 3526, Little Rock, AR 72203;(Office of Dick E. Browning) Phone 501-375-5587; Fax 501-681-8309. *Inform us immediately if you change your phone number or address*.

1. <u>ELIGIBILITY</u>: An applicant must have completed a minimum of 30 college hours and be a resident of Arkansas and a U.S. citizen to be considered for a scholarship. An applicant is eligible to receive only two scholarships.

2. <u>APPLICATION</u>: This completed application and all required supporting information must be received by June 1st for the Fall Semester and October 1st for the Spring Semester. I am applying for the Fall_____Spring_____semester of_____(year). Only Applications for the current term will be considered.

3. <u>TRANSCRIPTS</u>: One <u>official</u> high school transcript and one <u>official</u> college transcript for <u>each</u> college/ university or vocational/technical school that you have attended. Send a copy of your SAT, ACT or College Entrance Exam scores.

4. <u>PERSONAL REFERENCES</u>: Enclose not less than three (3) nor more than six (6) personal recommendations and any additional statements to substantiate information in this application. Personal references can be included with the application submittal or mailed directly to Dick E. Browning's office at the above address. Personal references must use the form included in this packet. They may also include a letter.

5. <u>COURSE INSTRUCTOR INFORMATION FORM</u>: At least three instructor forms are required from current COLLEGE or UNIVERSITY instructors and can be included with the application submittal or mailed directly to Dick E. Browning's office at the above address by your instructors. Forms are included in this packet.

6. <u>RECENT PHOTOGRAPH</u>

7. Applicants should follow up with course instructors and individuals making personal recommendations to verify that references have been mailed. **THIS IS YOUR RESPONSIBILITY.**

8. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** You may call Dick E. Browning's office to verify the completeness of your application.

9. Recommended by a Master Mason who is a member of a constituent Lodge of the Most Worshipful Grand Lodge of Arkansas. See page 3 of this Application for details.

The Arkansas Knights Templar Educational Foundation is a 501 c3 foundation and we encourage you to remember it in your wills and bequeaths and to make donations in honor or in memory of love ones. What better way to promote further light than to help young adults get a college education?

FOUNDATION Please Print Clearly or Type All Answers

PERSONAL DATA

Name:					
Last		First		Mie	ddle
Permanent Address:	eet	City	Cour	nty State	Zip
University/College Address:		2			1
Phone Number (applicant's Permane	nt): ()		Uni	iversity: ()
Alternate Phone Number(s) (Email	address		
Date of Birth: Place of Bir	th:	Age: _	Sex:	_ Ethnic Back	ground:
College Student ID No.:	I am a l	egal reside	nt of		
				State	Country
Marital Status: Spouse	's Name:		Are y	ou paying non-	-resident tuition?
List Dependents					
Military Service If yes Bra	anch etc.				
Have you ever been convicted of a F	elony? Yes or No	D If yes	explain on se	parate sheet.	
	EDUC	ATION H	ISTORY		
Name and Location of Institution	Date Attended		Graduated	Major	Classification
			Yes No		
High School or G.E.D	From				
	То				
College or University	From				
	То				
Vocational or Technical School	From				
	То				
SATCollege Entrance					
EXPECTED GRADUATION DATI					
List academic achievements or honor	rs received and year	r			
Educational institution you attend or					
Describe briefly the major course of s					iversity or vocational/technic
school, and your reasons for choosin	g this course of stuc	dy. Use ex	tra sheet if n	ecessary.	

LIST BELOW YOUR ACTIVITIES IN CHURCH, SCHOOL AND COMMUNITY; SUCH AS, PUBLICATIONS, CLUB WORK, STUDENT GOVERNMENT, ATHLETICS, HONOR SOCIETIES, ETC.

ACTIVITY/YEARS

SPECIAL RECOGNITION, OFFICE HELD

	Name and Address of	Position Hold	Reason for Leaving
	Employer		
3)		 	

FAMILY DATA

	FATHER/GUARD	DIAN	MOTHER/GUARDIAN		
Name:		Name:			
Home Address:		Home A	ddress:		
City/State/Zip: _			te/Zip:		
Occupation:	Occupation: Employer:		ion:		
Employer:			er:		
Business Address:		Business	s Address:		
City/State /Zip:		City/Sta	te /Zip:		
Phone: Home: Business:		Phone:			
		Business			
List any Masoni	c Affiliation. (Use additiona				
Master Mason re	ecommendation: Print Masc	on's Name:			
Recommender's	Signature		Lodge Name & No		
SIBLINGS:	NAME	Date of Birth	SCHOOL OR OCCUPATION		
	DATE	SIGNAT	TURE		
How did you lea	rn about this Scholarship?				

THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION

FINANCIAL INFORMATION

LIST YOUR EDUCATIONAL EXPENSES FOR ACA	ADEMIC YEAR 20 TO 20
TUITION	\$
FEES	
BOOKS/SUPPLIES	
ROOM AND BOARD	
OTHER EXPENSES (EXPLAIN)	
TOTAL	\$
LIST YOUR ANTICIPATED INCOME FOR ACADE	EMIC YEAR 20 TO 20
FAMILY CONTRIBUTION	\$
APPLICANT'S SALARIES/WAGES	
OTHER AWARDS/SCHOLARSHIPS	
PERSONAL SAVINGS	
STUDENT LOAN(S)	
OTHER INCOME (EXPLAIN)	
TOTAL	\$
Other information relevant to your scholarship application	ion (use additional paper if necessary)

THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION INFORMATION RELEASE FORM INSTRUCTOR REFERENCE FORM

RETURN TO	STUDENT	OR MAIL	DIRECTLY	TO
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The Arkansas Knights Templar Educational Foundation P.O. Box 3526, Little Rock, AR 72203

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STUDENT'S NAME

COLLEGE STUDENT I.D.#

give my permission for my past and present instructor _____

to furnish information to THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION. The above student has applied for a scholarship through THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION. Please furnish the committee with the following information. Please try to make your remarks in statement form instead of a one word reply. Your assistance in this request is appreciated.

- 1. CHARACTER/MORALS/INTEGRITY:
- 2. ATTENDANCE:
- 3. PUNCTUALITY:
- 4. ATTITUDE:
- 5. CLASS PARTICIPATION:
- 6. WORK HABITS:
- 7. THEORY CAPABILITIES:
- 8. LEADERSHIP QUALITIES:
- 9. GRADE POINT AVERAGE:

10. HOW MANY SEMESTERS/QUARTERS HAVE YOU HAD THIS STUDENT?

11. WOULD YOU RECOMMEND THIS STUDENT FOR A SCHOLARSHIP?

12. WOULD YOU HIRE HIM/HER AS AN EMPLOYEE?

INSTRUCTOR SIGNATURE		DATE
TITLE	_COLLEGE/UNIVERSITY	
PHONE NUMBER	ADDRESS	
LIST ANY MASONIC AFFILIATIONS	5	

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PHONE NUMBER	ADDRESS	
LIST ANY MASONIC AFFILIATIONS	S	

FOUNDATION PERSONAL REFERENCE FORM

Applicant's Name:	
1. How long have you known the Applicant?	
2. Are you related? If Yes, what is your relationship?	
3. Do you know Applicant's family? If yes, how long?	
4. Do you consider this scholarship necessary?	
5. Do you consider Applicant of good moral character?	
6. Family's financial condition?	
7. Family's general reputation in the community?	
Any further remarks you think may assist the Committee in the consideration of this application:	
Signature: Date: Address:	
Occupation:	
List Masonic Affiliations:	

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