APPLICATION FOR SCHOLARSHIP

Name:	Application forms may be	e used)		
Permanent address:				
Street	City	State	Zip	
College/ University:				
Address:				
Street	City		State	Zip
Phone Number: Applicant's Permanent ()		College (_)	
INST	FRUCTIONS			
 682-708-7735; Fax 682-708-7666. <i>Inform us immediate</i> ELIGIBILITY: An applicant must have completed a recitizen to be considered for a scholarship. An applicant is APPLICATION: This completed application and all refall Semester and October 1st for the Spring Semester of(year). Only Applications for the current term version. 	ninimum of 30 colors eligible to receive equired supporting I am applying	lege hours and e only two sch g information of for the Fall_	d be a reside olarships.	nt of Texas and a U.S. ived by June 1st for the
3. <u>TRANSCRIPTS</u> : One <u>official</u> high school transcript vocational/technical school that you have attended. Send				
4. <u>PERSONAL REFERENCES</u> : Enclose not less than the additional statements to substantiate information in this apsubmittal or mailed directly to Jerry N. Kirby's office at the this packet. They may also include a letter.	plication. Persona	al references c	an be includ	ed with the application
5. COURSE INSTRUCTOR INFORMATION FORM: A	t least three instruc	ctor forms are	required from	n current COLLEGE or

6. RECENT PHOTOGRAPH

above address by your instructors. Forms are included in this packet.

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

UNIVERSITY instructors and can be included with the application submittal or mailed directly to Jerry N. Kirby's office at the

- 8. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** You may call Jerry N. Kirby'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 Texas. See page 3 of this Application for details.

The Texas 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?

Please Print Clearly or Type All Answers

PERSONAL DATA

Name:						
Last		First		M	Iiddle	
Permanent Address:		City	Сош	ıty State	Zip	
University/College Address:		•				
Phone Number (applicant's Permaner			Uni	versity: ()	
Alternate Phone Number(s) ()		Email a	ddress			
Date of Birth: Place of Birt	h:	Age:	Sex:	_ Ethnic Bac	kground:	
College Student ID No.:	I am a l	egal residen	of			
				State	Countr	r y
Marital Status: Spouse's	s Name:		Are y	ou paying no	n-resident tuition?	
List Dependents						
Military Service If yes Bra	nch etc					
Have you ever been convicted of a Fe	elony? Yes or No	o If yes ex	plain on se	parate sheet.		
	EDUC	CATION HIS	TORY			
Name and Location of Institution	Date Attended	G	raduated	Major	Classification	
		<u>Y</u>	es No			
High School or G.E.D	From					
	To					
College or University	From					
	To					
Vocational or Technical School	From					
	То					
SATACTCollege Entrance						A:
EXPECTED GRADUATION DATE	<u> </u>					
List academic achievements or honor	s received and year	r				
Educational institution you attend or	-					
Describe briefly the major course of st					university or vocationa	l/technical
school, and your reasons for choosing	g this course of stud	dy. Use extr	a sheet 1f 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		
List below the job	s you have held (Beginning with t	he most recent)			
Dates of	Name and Address of	Phone	Position	Reason for	
Employment					
1)		<u> </u>			
2)				<u> </u>	
3)		<u> </u>			
Have you applied	for or received other scholarsh	nips, grants or sti	•	•	
FAMILY DATA					
	FATHER/GUARDIAN		THER/GUARDIAN		
-		-	-		
List any Masonic A	Affiliation. (Use additional sheet i	f necessary)			
Master Mason reco	ommendation: Print Mason's Nam	ne:			
Recommender's S	ignature	Loc	lge Name & No		
	NAME Da				
	DATE	SIGNATURI	Ξ		
How did you learn	about this Scholarship?				

FINANCIAL INFORMATION

LIST YOUR EDUCATIONAL EXPENSES FOR ACADEM	IIC YEAR 20 TO 20
TUITION	\$
FEES	
BOOKS/SUPPLIES	
ROOM AND BOARD	
OTHER EXPENSES (EXPLAIN)	
TOTAL	\$
LIST YOUR ANTICIPATED INCOME FOR ACADEMIC	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 (u	se additional paper if necessary)

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

RETURN TO STUDENT OR MAIL DIRECTLY TO: The Texas Knights Templar Educational Foundation
445 Saguaro Drive, Haslet, Texas 76052

I	, ,
STUDENT'S NAME	COLLEGE STUDENT I.D.#
give my permission for my past and present instructor	
to furnish information to THE TEXAS KNIGHTS TEMP	LAR EDUCATIONAL FOUNDATION.
The above student has applied for a scholarship through T	HE TEXAS KNIGHTS TEMPLAR EDUCATIONAL
FOUNDATION. Please furnish the committee with the fo	ollowing information. Please try to make your remarks in
statement form instead of a one word reply. Your assistan	ce 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 YO	OU HAD THIS STUDENT?
11. WOULD YOU RECOMMEND THIS STUDENT FO	R A SCHOLARSHIP?
12. WOULD YOU HIRE HIM/HER AS AN EMPLOYER	Ε?
	_DATE
TITLECOLLEGE/UNI	VERSITY
	ADDRESS
LIST ANY MASONIC AFFILIATIONS.	

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11. WOULD YOU RECOMMEND T	HIS STUDENT FOR A SCHOLARSHIP?
12. WOULD YOU HIRE HIM/HER A	S AN EMPLOYEE?
	DATE
	COLLEGE/UNIVERSITY
	_ADDRESS
LIST ANY MASONIC AFFILIATION	S

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11. WOULD YOU RECOMMEND THIS	STUDENT FOR A SCHOLARSHIP?
12. WOULD YOU HIRE HIM/HER AS A	N EMPLOYEE?
INSTRUCTOR SIGNATURE	DATE
	OLLEGE/UNIVERSITY
PHONE NUMBER	_ADDRESS
LIST ANY MASONIC AFFILIATIONS.	

PERSONAL REFERENCE FORM

Applicant's Name:	
. How long have you known the Applicant?	
. Are you related? If Yes, what is your relationship?	
. Do you know Applicant's family? If yes, how long?	
. Do you consider this scholarship necessary?	
. Do you consider Applicant of good moral character?	
5. Family's financial condition?	
. 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:	
Address.	
Occupation:	
List Masonic Affiliations:	

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Signature:	Date:	
A 11		
Occupation: _		
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