

Dr. David L. Wright Memorial Scholarship Application



**Pompano Beach Masonic Lodge No. 409
Pompano Beach, Florida
The Most Worshipful Union Grand Lodge, PHA
Honorable Jeffrey G. Jones,
19th Most Worshipful Grand Master**

DR. DAVID L. WRIGHT MEMORIAL SCHOLARSHIP

Pompano Beach Masonic Lodge #409

Most Worshipful Union Grand Lodge of Florida, PHA

Student Financial Aid Application

Please Print or Type:

Name _____
Last First Middle

Address _____
Number and Street

City State Zip Code

Telephone (____) _____ Date of Birth _____ Age _____

Male or Female _____ Social Security # _____

Graduating High School _____

Address _____

Year of Graduation _____ Class Ranking _____ of _____ GPA _____

What activities do you participate in at school, church or in your community?

List honors and awards you have received _____

What college do you plan to attend? _____

(Enclose a copy of acceptance letter if accepted at the time of application)

What will be your major field of study? _____

In the space provided, describe how you hope to use your education to make a difference in your life and/or the lives of others? **(Attach a separate sheet if necessary)**

Enclose two letters of recommendation and a copy of your transcript—with school seal. One letter should be from a teacher, and the other from a person in a leadership position. **Each letter should be on letterhead. (Please print or type)**

Father or Guardian's Name _____

Address _____
Number and Street City State Zip Code

Occupation _____ Gross Income _____
(Enclose photocopy of W-2, please conceal SS#)

Mother or Guardian's Name _____

Address _____
Number and Street City State Zip Code

Occupation _____ Gross Income _____
(Enclose photocopy of W-2, please conceal SS#)

Total number of dependents in the immediate family _____

Applicant's Signature _____ Date _____

Note: Upon completion of the application return to the Lodge's Recorder for the following information:

Lodge Name _____ Number _____

Address _____
Number and Street City State Zip Code

Signature of Recorder _____ Date _____

Signature of Worshipful Master _____ Date _____

Lodge Seal

All completed applications (**accompanied with a wallet photo**) must be emailed or mailed to one of the following Scholarship Committee members below NO LATER THAN **JUNE 1st**:

Pompano Beach Masonic Lodge #409
P.O. Box 667845
Pompano Beach, FL 33066

Please attach the following:

1. Resume of all activities, organizations, offices, honors, and work experience.
2. Letters of recommendations from qualified people not related to you.
3. Transcripts.
4. A one-page typewritten essay discussing your educational goals.
5. To be considered for DR. DAVID L. WRIGHT MEMORIAL SCHOLARSHIP, a student must have sent in an application for admission and be accepted (Acceptance Letter) to a college or university prior to **June 1st**.

I understand that the above information will only be used by POMPANO BEACH MASONIC LODGE #409 to determine the eligibility for the applicant and such information will be kept in the strictest of confidence. I furthermore understand that by signing this application that what I am giving as truthful and accurate information as it is to the best of my ability.

I also understand that if I should receive the DR. DAVID L. WRIGHT MEMORIAL SCHOLARSHIP, I will remain in good standing with my chosen institution. **Finally, I will send the Pompano Beach Masonic Lodge a grade report for the first two semesters.**

Signature of applicant _____ Date _____

Please state any extenuating financial circumstances that you wish the committee to consider. (If necessary, attach a separate sheet)

POMPANO BEACH MASONIC LODGE #409 EDUCATION COMMITTEE USE ONLY
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Award _____

Date Application Sent _____

Date Application Received _____

Date News Release Sent (if applicable) _____

Date Financial Aid Committee Notified _____

Date Decline Letter Sent _____