

*Dr. David L. Wright
Memorial Scholarship
Application*



*Pompano Beach Masonic Lodge No. 409
Pompano Beach, Florida
The Most Worshipful Union Grand Lodge, P.H.A.
Lee B. Carter 33°, Grand Master*

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)

Mother or Guardian's Name _____

Address _____
Number and Street City State Zip Code

Occupation _____ Gross Income _____
(Enclose photocopy of W-2)

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 mailed to one of the following Scholarship Committee members **NO LATER THAN May 31, 2010:**

Brother Gregory Hammond
2830 NW 20th Street
Ft. Lauderdale, FL 33311
954 - 520 - 0096 (cell)
Email: gham1431@gmail.com

Brother Eddie Randell
2300 NW 11th Court
Pompano Beach, FL 33069
954 - 240 - 4191 (cell) • 954 - 972 - 0777 (home)

Brother Maurice Robinson
2074 NW 43rd Street
Lauderhill, FL 33313
954 - 461 - 1162 (cell)
Email: RobinsonMaurice@bellsouth.net

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 to a college or university prior to April 15, 2006.

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

Award _____

Date Application Sent _____

Date Application Received _____

Date News Release Sent (if applicable) _____

Date Financial Aid Committee Notified _____

Date Decline Letter Sent _____