



# Salt Lick Lodge 682# Scholarship Application



Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Parents Occupations: \_\_\_\_\_  
\_\_\_\_\_

School Attending After Graduation: \_\_\_\_\_

Have You Been Accepted To This School?      Yes      No

Cumulative Grade Point Average: \_\_\_\_\_

Will You Receive Any Financial Aide: \_\_\_\_\_

Are You Receiving Any Other Scholarships?      Yes      No

If Yes, From Where And Amount: \_\_\_\_\_

Total Household Income Per Year: \$0 - \$20,000      \$20,000-\$40,000   
\$40,000 - \$60,000      \$60,000 +

Is Anyone In Your Immediate Family Affiliated With A Masonic Organization?      Yes      No

If Yes, Please Explain: \_\_\_\_\_

In 200 Words Or Less, Explain Why You Should Receive This Scholarship (On Separate Page)

**ALL APPLICATIONS MUST BE RECEIVED BY APRIL 30**