

Most Worshipful King Josiah Grand Lodge Scholarship Fund

Grand Master Bro. Michael Galloway

| SCHOLARSHIP APPLICATION | | |
|--|---------|-----------------------|
| APPLICANT INFORMATION | | |
| Name: | | |
| Date of birth: | Email: | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
| CURRENT SCHOOL INFORMATION | | |
| School Name: | | |
| School Address: | | GPA: |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| OTHER | | |
| Name of a guardian (if applicable) | | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |
| DEGREE TO PURSUE | | |
| Undergraduate: | | |
| Post Graduate: | | |
| EDUCATION QUALIFICATIONS | | |
| High School: | | |
| College or University: | | How long? |
| Major: | Minor: | Est. graduation date: |
| REFERENCES | | |
| Name | Address | Phone |
| | | |
| | | |
| SIGNATURES | | |
| I authorize the verification of the information provided on this form. I have received a copy of this application. | | |
| Signature of applicant: | | Date: |
| Signature of referral: | | Date: |

application & required docs (statement of need, referral letter & current grades) are required by 10/31/19 MAILTO: Most worshipful King Josiah Grand Lodge P.O BOX 1270 Hammond, IN 46320