

Most Worshipful King Josiah Grand Lodge Scholarship Fund

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:

Application & required docs (statement of need, referral letter & current grades) are required by 10/31/23. SEND EMAIL TO: grandsecmwkjl@gmail.com