# THE KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION

#### AWARD FOR SCHOLASTIC ACHIEVEMENT APPLICATION

This is a highly competitive grant and all completed applications will be considered. Please type application or print in ink. Do not use pencil. <u>Incomplete applications will not be considered</u>.

# **PERSONAL DATA**

LAST NAME:				_ F	IRST NAME:			MIDDLE INITIAL:	
ADDRESS:					CITY:	ST:		ZIP:	
TELEPHONE:	(Area code)	+	number		CELL NUMBER:	(Area Cod	e) +	Number	

#### **ELIGIBILITY**

To be eligible to receive a grant from the Knights Templar Educational Foundation, an Applicant must meet **all** the following criteria:

- 1. Be a United States Citizen
- 2. Be a Kansas Resident
- 3. Will be attending an Accredited Post-Secondary Educational Institution in the United States
- 4. Have a Grade Point Average no less than 3.0 or a "B" Average (latest transcript attached)

#### **MISSION STATEMENT**

The Knights Templar Educational Foundation Committee shall consider all applications for grants without regard to age, race, religion, national origin, gender, or Masonic ties or affiliation. This award is open to all students regardless of their financial circumstances.

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## **HIGH SCHOOL APPLICANTS**

Current or Most Recent High School:			
Address:	City:		Zip:
Date of High School Graduation			
Grade Point Average: Provide your cumu your transcript being attached. Plea			This must be evidenced by
G.P.A.: on a sc	ale of:		
S.A.T. Scores: Math Ver	bal 1	f not available, please explai	n
ACT Assessment Score:			
Principal or Guidance Counselor furnishin	ng a reference:		
Name:	Address:	City:	St: Zip:
Phone:			
COLLEGE	, GRADUATE or TRAI	DE SCHOOL APPLICANTS	
College, University or Trade School Name	:		
Address:	City:	St:	_ Zip:
Grade Point Average: Provide your cumu your transcript being attached. Please ci			This must be evidenced by
Major courses of study:			
Minor courses of study:			
Expected date of graduation:			
Do you plan to attend graduate school: `	Yes No if	yes, when:	
Proposed graduate school name:			
Course Study:	Estim	ated graduation Date:	

Note: OFFICIAL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION

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### I AM PLANNING TO ATTEND

Name of Accredited Post-Secondary Ed	ucational Institution: _					
Address:	City:		St:	St: Zip:		
School IEN number		(require	ed)			
Expected Student Status: (check one)	Full Time	Part Time _		Enrolled for next year		
Class enrolled: Freshman	Sophomore	Junior	_ Senior _			
Major course of study:						
Minor course of study:						
	ABOUT	r you				
List all academic awards and honors red	ceived:					
List any non-school related activities yo						
,						
State your primary educational goal:						
Should you receive a monetary award	how would you use th	is award to furt	her vour			
Should you receive a monetary award, how would you use this award to further your education:						
cudcadon				·		
Evoluin you field of study						
Explain you field of study						

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What are you going to accomplish by extending your education beyond High School?					
Do you have a Masonic relationship?:					
,	(Use a separate piece of paper if				
more room is needed. Masonic relationships will only be u					
	NANCIAL NEEDS				
Do not leave any question blank. Provide a reasonable es	stimate if actual figures are not available.				
Annual Educational Expenses					
Tuition & Fees: \$ Transport	ortation: \$				
Room & Board: \$ Books &	Supplies: \$				
Other expenses (please explain)					
How much will you contribute towards your total expens	ses: \$				
Savings & Investments:	\$				
Summer Employment:	\$				
Part time work during school year:	\$				
Parents/Legal Guardian contribution:	\$				
List financial aid (Scholarships or Grants, not loans) for w	which you have been approved and will receive this academic year				
	\$				
	\$				
	\$				
	\$				
	\$				

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#### **Additional Submission Instructions:**

Other Assistance:				
Name:	Amount:	\$		
Name:	Amount:	\$		
Name:	Amount:	\$		
Include at least one letter of reference fo	rom current or former tea	cher or instructor <b>not</b> related to you.		
Include at least one letter of reverence t				
include at least one letter of reverence i	nom menus or other acqu	related to you.		
I, the undersigned, declare that I am appropriate foundation to further my education at an institution which may be awarded will be used exclusively related to my education; and that I will proceed Further, I understand that this scholars apply again the next year; and that I must remain standing in order to receive the scholarship.  And I acknowledge that I have read this information contained herein is accurate to the to repay any portion of the scholarship award of I certify that all information contained here	ution of higher learning; that a y to subsidize the cost of tuiti ed with all deliberate care to graphip is for one year only and if ain a student in good standing as application, have completed a best of my knowledge and that should one be granted.	all the proceeds from any scholarship on, books, and other expenses directly aduate.  I desire additional support I am required to g and provide evidence of continued good and provided all the appropriate t in making application I incur no liability		
Applicants Signature:		Date		
CERTIFICATION				

Applicants may not be considered without the following, in its entirety: 1. Pages 1 through 5 of this application, with complete information and necessary attachments. 2. Official school transcript of your most recently completed academic term.

APPLICATIONS MUST BE IN TO THE GRAND YORK RITE OFFICE BY NOON ON April 15<sup>th</sup> each year to be eligible for consideration for the Fall Semester.

# Mail completed application and all paperwork to:

Knights Templar Education Foundation P.O. Box 346 Spring Hill, Ks 66083-0346

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