

**GUNNING BEDFORD JR.  
MASONIC EDUCATIONAL SCHOLARSHIP APPLICATION**

**Applicant:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**SS#** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**High School Attended:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**List Scholastic Honors and Prizes received in High School:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List School Associations, Clubs, Athletics, etc., in which you participated:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List Offices Held in School and Community Organizations:** \_\_\_\_\_  
\_\_\_\_\_

**List any other resources available to apply toward your educational expenses: (include jobs worked and money saved by you):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Father (or Guardian)**

**Name:** \_\_\_\_\_ **Living? Circle - Yes / No**  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Employer:** \_\_\_\_\_ **How Long with this Employer:** \_\_\_\_\_

**Will employer contribute toward applicant's educational expenses? Yes / No If Yes, how much?** \_\_\_\_\_

**Is Father, or Grandfather a Mason?** \_\_\_\_\_ **Lodge Name:** \_\_\_\_\_

**Lodge Number:** \_\_\_\_\_ **Lodge Location:** \_\_\_\_\_

**\*\*MOTHER (or Guardian)**

**Name:** \_\_\_\_\_ **Living? Circle - Yes / No**  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Employer:** \_\_\_\_\_ **How Long with this Employer:** \_\_\_\_\_

**Will employer contribute toward applicant's educational expenses? Yes / No If Yes, how much?** \_\_\_\_\_

**Number of dependent children living at home and their ages:** \_\_\_\_\_  
**Number In College:** \_\_\_\_\_

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**College/Technical School attending or expecting to attend:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

Date of First Enrollment \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Major Course of Study \_\_\_\_\_

Degree/Diploma Expected \_\_\_\_\_

Vocational Objective \_\_\_\_\_

Your Cumulative Grade Point Average \_\_\_\_\_ Combined SAT Score \_\_\_\_\_

**Indicate the estimated expenses of your college/school for the year of applying for this scholarship (based upon information in the Institution's Catalog or Bulletin)**

Tuition & Fees	\$ _____	Health Insurance	\$ _____
Room	\$ _____	Laundry	\$ _____
Board	\$ _____	Clothing	\$ _____
Books/supplies	\$ _____	Recreation	\$ _____
Transportation	\$ _____	Other (itemize)	\$ _____

**On a separate sheet of paper, answer the following questions in a brief concise paragraph or two. The answers must be submitted either typed or in your own handwriting.**

- A. Why I qualify for this scholarship?
- B. Why I want to attend college/technical school?
- C. What are my career goals?

If the applicant is unable to complete any part of this application, an explanatory statement should be attached.

This Scholarship Award Is Contingent On You Receiving a Letter of Acceptance from a school of Higher Learning Learning.

I read the attached POLICIES statement and I have checked my answers to all questions on this application. I certify that the information given herein is true and complete.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**REMEMBER: an official transcript of your grades MUST accompany this application.**