

Ray K. Babb, Jr. Memorial Scholarship Application Blanchard Masonic Lodge #395, A.F.&A.M.

Date of Application: _____

Applicant _____



The Ray K. Babb, Jr. Scholarship fund created by Blanchard Lodge #395, A.F.&A.M. grants merit scholarships. The scholarship recipients school of choice will be paid a total of \$500.00 each semester they apply and are selected by the scholarship committee.

The scholarship(s) are awarded on the basis of merit as demonstrated by grades, test scores, school, community service, and need. Selection will be made by a committee of judges on the basis of information provided by the applicant, references, and subsequent personal interview of finalists.

ENTRY MUST BE POSTMARKED BY APRIL 15th OF EACH YEAR.

Entries are limited to current college & technical school students and graduating highschool seniors entering college or technical school.

Blanchard Masonic Lodge #395
Scholarship Committee
P.O. Box 1146
Blanchard, OK 73010

Copies of this application may be submitted.
This form supersedes all previous versions as of 1/1/2008

PERSONAL INFORMATION

Applicant: _____ Phone: _____

Address: _____

Date of Birth: _____ Social Security: _____

Grade Point Average: _____ SAT test Scores: _____ ACT Test Scores: _____

Attach a copy of most recent transcripts through the last semester of school completed.

School Applicant is attending currently: _____

School Address: _____

Field of Study: _____

Are you currently enrolled? Yes No

What have you done to prepare for college or specialized training? Be specific: _____

FAMILY INFORMATION

Name and occupation of father or guardian: _____

Place of Employment: _____

Name and occupation of mother or guardian: _____

Place of employment: _____

Number of persons dependant on the person who provides the primary source of funds for education: _____

Explain (give ages of dependants): _____

School Activities & Accomplishments (Scholastic, Athletic, Musical, etc.): _____

Outside School Activities & Accomplishments (Volunteer Work, Organizations, etc.): _____

FINANCIAL NEED

Parents adjusted gross income for the last year (IRS form 1040, line 33): _____

Do you expect to work while going to school: Yes No

Full and/or part time employment: _____

Expected monthly income: _____

Your current occupation & address of employer: _____

Immediate Supervisor: _____ Phone: _____

Describe below any other pertinent information that would be helpful in accessing your financial need for this scholarship: _____

Have you been or will you be awarded any additional scholarships: If so, list awarding body and amount of scholarship(s): _____
