

# GOODLAND MASONIC LODGE #321 SCHOLARSHIP

## Section I. Information to be supplied by applicant. (Please print or type.)

Full Name \_\_\_\_\_  
                                    First                                    Middle                                    Last

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_

Full Name of Parent(s) or Guardian \_\_\_\_\_

Mailing Address of Parent(s) or Guardian (street or route, town, county, state, zip)  
\_\_\_\_\_

E-Mail Address (print clearly or type) \_\_\_\_\_

Phone Number (include area code) \_\_\_\_\_

In the space below, briefly summarize your school and community activities. List organizations of which you are a member and offices held. (Additional pages may be attached is necessary.)

What college do you plan to attend? \_\_\_\_\_  
(Must be no later than the September following high school graduation.)

Please list all other scholarships, awards or financial aids for which you have applied, or have been granted (indicate which) for the coming school years.

<u>Name of Financial Aid</u>	<u>Value</u>	<u>Has it been granted to you?</u>
------------------------------	--------------	------------------------------------

What will be your major college of study and what are your educational plans?

The applicant herewith consents that the Scholarship Selection Committee be fully informed as to the applicant's scholastic standing, character, and other factors having a bearing on this application.

---

Signature of Applicant

**After you have completed your part of this application, present this to your Principal or Counselor for certification and delivery to the Scholarship Selection Committee.**

---

**Section II.** Information to be supplied by Principal or Counselor

This is to certify that the above applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ seniors.

Date of high school graduation will be \_\_\_\_\_. The applicant has taken the following college entrance examinations under a statewide testing program:

Name of Test

Score

Attach Official High School Transcript

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

---

Signature of Principal or Counselor

---

Name of High School

---

Address of High School

**Jim Alcorn**  
**803 W. 8th**  
**Goodland, KS 67735**