

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. Incomplete applications will not be considered.

PERSONAL DATA

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

TELEPHONE: _____ CELL NUMBER: _____
(Area code) + number (Area Code) + 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.

HIGH SCHOOL APPLICANTS

Current or Most Recent High School: _____

Address: _____ City: _____ ST: _____ Zip: _____

Date of High School Graduation _____

Grade Point Average: Provide your cumulative G.P.A. for you last completed academic year. This must be evidenced **by your transcript being attached**. Please circle the G.P.A. on the transcript.

G.P.A.: _____ on a scale of: _____

S.A.T. Scores: Math _____ Verbal _____ If not available, please explain _____

ACT Assessment Score: _____

Principal or Guidance Counselor furnishing a reference:

Name: _____ Address: _____ City: _____ St: _____ Zip: _____

Phone: _____

Note: **OFFICIAL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION**

COLLEGE, GRADUATE or TRADE SCHOOL APPLICANTS

College, University or Trade School Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Grade Point Average: Provide your cumulative G.P.A. for you last completed academic year. This must be evidenced by your transcript being attached. Please circle the G.P.A. on the transcript. G.P.A.: _____

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: _____ Estimated graduation Date: _____

Note: **OFFICIAL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION**

I AM PLANNING TO ATTEND

Name of Accredited Post-Secondary Educational Institution: _____

Address: _____ City: _____ St: _____ Zip: _____

School IEN number _____ (required)

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 YOU

List all academic awards and honors received: _____

List any non-school related activities you have been active in: _____

State your primary educational goal:

Should you receive a monetary award, how would you use this award to further your education: _____

Explain you field of study _____

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 useful in breaking ties between applicants)

YOUR FINANCIAL NEEDS

Do not leave any question blank. Provide a reasonable estimate if actual figures are not available.

Annual Educational Expenses

Tuition & Fees: \$ _____ Transportation: \$ _____

Room & Board: \$ _____ Books & Supplies: \$ _____

Other expenses (please explain)

How much will you contribute towards your total expenses: \$ _____

Savings & Investments: \$ _____

Summer Employment: \$ _____

Part time work during school year: \$ _____

Parents/Legal Guardian contribution: \$ _____

List financial aid (Scholarships or Grants, not loans) for which you have been approved and will receive this academic year

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Additional Submission Instructions:

Other Assistance:

Name: _____ Amount: \$ _____

Name: _____ Amount: \$ _____

Name: _____ Amount: \$ _____

Include at least one letter of reference from current or former teacher or instructor **not** related to you.

Include at least one letter of reverence from friends or other acquaintances **not** related to you.

I, the undersigned, declare that I am applying for a scholarship from the Knights Templar Educational Foundation to further my education at an institution of higher learning; that all the proceeds from any scholarship which may be awarded will be used exclusively to subsidize the cost of tuition, books, and other expenses directly related to my education ; and that I will proceed with all deliberate care to graduate.

Further, I understand that this scholarship is for one year only and if I desire additional support I am required to apply again the next year; and that I must remain a student in good standing and provide evidence of continued good standing in order to receive the scholarship.

And I acknowledge that I have read this application, have completed and provided all the appropriate information contained herein is accurate to the best of my knowledge and that in making application I incur no liability to repay any portion of the scholarship award should one be granted.

I certify that all information contained herein or attached is correct to the best of my knowledge.

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 15th each year to be eligible for consideration for the Fall Semester.

Mail completed application and all paperwork to:

Wayne H. Rollf
Knights Templar Education Foundation
P.O. Box 1045
Ottawa, Ks
66067-1045