

THE KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION
Michigan Division

Scholastic Achievement Award Application

MISSION STATEMENT

As this is a highly competitive award, all applications will be considered. The Knights Templar Educational Foundation, Michigan Division, shall consider all applicants for scholarships without regard to age, race, religion, national origin, gender or Masonic affiliations. These scholarships are NOT "grants in aid" but are open to all students regardless of their financial circumstances.

ELIGIBILITY

To be eligible to receive an award from the Knights Templar Educational Foundation, Michigan Division, applicant must be a permanent resident of Michigan pursuing a two (2) or four (4) year college degree, graduate or trade school education.

APPLICANT IDENTIFICATION

Please print or type application. DO NOT use pencil. Incomplete applications will not be considered.

Last Name_____ First_____
Middle_____ Telephone ()_____
Address_____ City_____
State _____ ZIP_____

HIGH SCHOOL APPLICANTS ONLY

High School Name_____

Address_____City_____State__ZIP_____

NOTE; OFFICIAL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION

GRADE POINT AVERAGE: Please provide your cumulative G.P.A. for your last COMPLETED academic year. This MUST be evidenced by attached transcript. PLEASE CIRCLE THE G.P.A. on the transcript.

G-P-A._____ On a scale of_____

S.A.T. SCORES: Math_____ Verbal_____ A.C.T. Score _____

If neither is available, please explain: _____

PRINCIPAL or GUIDANCE COUNSELOR FURNISHING A REFERENCE:

Name_____ Address_____

City_____ State _____ ZIP _____

Telephone Number () ____-_____

COLLEGE YOU ARE PLANNING TO ATTEND

Name of School_____

Address_____ City_____ State__ ZIP_____

Expected Student Status: (Circle one) Full time / Part Time

Enrolled for next year? (Circle one) Yes / No

Major Course of Study_____

Minor Course(s) of Study_____

Did you anticipate transferring or attending a different secondary school than the one listed above? (Circle One) Yes / No

If yes, list name of secondary school_____

SECONDARY SCHOOL APPLICANTS ONLY

(Applicable to students in College, University, Business or Trade Schools)

NOTE: OFFICIAL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION.

School Name_____

Address_____

City_____ State____ ZIP_____

GRADE POINT AVERAGE: Please provide your cumulative G.P.A. for your LAST COMPLETED academic period. This must be evidenced by the attached transcript.

G.P.A._____ On a scale of_____

S.A.T. SCORES: Math_____ Verbal_____ A.C.T. Score _____

If neither is available, please explain _____

Major Course of Study_____

Minor Course(s) of Study_____

Expected graduation date_____

Do you plan to attend graduate school? (Circle One) Yes/No

If yes, when? _____

Planned Graduate School Name_____

Course of Study_____

Estimated Graduation Date from Graduate School_____

FINANCIAL NEEDS - ALL APPLICANTS

NOTE: DO NOT leave any question blank. Provide a reasonable estimate if actual figures are not available.

Annual Educational Expenses:

Tuition and Fees \$ _____ Transportation \$ _____

Room and Board \$ _____ Books/Supplies \$ _____

Other Expenses (Explain) _____

Total Expenses \$ _____

List all financial aid for which you have been approved and will receive this academic year (Scholarships and Grants; NOT LOANS)

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

List money you will personally contribute toward your total expenses:

From savings and investments \$ _____

From summer employment \$ _____

Part time work during school year \$ _____

Parents/Guardian contributions \$ _____

Other expected assistance in the form of loans, etc.

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

NON-ACADEMIC ACTIVITIES - ALL APPLICANTS

List your memberships in non-academic clubs, civic activities, community, religious or political organizations. List on a separate sheet(s) of paper, with applicable dates, the organization and office held or rank attained and any non-academic awards and/or honors received.

CERTIFICATION - ALL APPLICANTS

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

APPLICANTS SIGNATURE _____ DATE _____

GENERAL INFORMATION

Applications will not be considered unless the following is complied with:

Pages 1 thru 6 of this application must be completed, as applicable, with all required information and necessary attachments.

Official school transcript of your most recently completed academic term enclosed.

Applications must be postmarked no later than February 15, 2009 for receipt of applications.

Mail completed application and all related paperwork to:

S. K. Vernon Barnhart, PGC
Secretary/Treasurer
9617 Riverside Drive
Grand Ledge, MI 48837-9298