



Application For NYS Council of Deliberation Scholarship Aid

The applicant must personally complete this application. The application and all supporting documents must be submitted in duplicate to the Valley Office designated below, by April 1st, 2012. Applications received after that date will not be considered.

Return to Valley Scholarship Chairman

Last Name _____ First Name _____ MI _____ Soc. Sec. No. _____

Home Street Address _____

Home City / Town, State, Zip _____

Email _____ Telephone _____

1. Fathers Name _____ Occupation _____

2a. Mother's Name _____ Occupation _____

2b. Mother's or Father's Address (if different from above) _____

3a. Is your Father a Mason (Y / N) ? _____ 3b. Is your father a Scottish Rite Mason? (Y / N) _____

If Yes, Valley: _____ Member No. _____

3c. Is your grandfather a Master Mason (Y / N) ? _____ 3d. Is your grandfather a Scottish Rite Mason (Y / N) _____

If Yes, Valley: _____ Member No. _____

3e. If your grandfather is a Scottish Rite Mason, Indicate name: _____

3f. Are you a graduate of the 32° Masonic Learning Center? (Y / N) _____ Director _____

4a. To What youth organization affiliated with Freemasonry do (have) you belong(ed) ? DeMolay, Rainbow, Job's Daughters, etc.) ? _____

4b. To what other non-school related groups do you belong? _____

4c. State briefly your extracurricular school-related interests/activities? _____

5a. Name of accredited school to be attended: _____ Major: _____

5b. Address of School: _____

6. Which year will you be entering?(soph, jr., sr.) _____ 7. Current GPA: _____

8. Adjusted gross Family Income reported to IRS for previous year:

9a. Provide an estimate of yearly financial needs:

Tuition: \$ _____

Room and Board \$ _____

Other: \$ _____

Total: \$ _____

9b. Present sources of income for school:

Job: \$ _____

Loan: \$ _____

Scholarship: \$ _____

Grants: \$ _____

Other Revenues \$ _____

Total: \$ _____

10a. For what career are you planning?

10b. If undecided, indicate possible choices:

11a. How many children in your family?

11b. Ages:

11c. How many children in your family attending college?

12. Additional Information you wish to be considered?

13. Previous Abbott Scholarship recipient? (years)

or new applicant? (Y/N)

Please submit the following documentation with the application (in duplicate):

- a. Most current copy of college transcript.
- b. At least one confidential letter or recommendation from an instructor, counselor, or advisor.
- c. Most current copy of FAFSA form.

Please Include a brief statement describing your current educational goals and their relationship to your career plans:

Please Print this Form and Sign It

I believe the foregoing statements to be accurate. I hereby pledge any Abbott Scholarship monies awarded to me will be used strictly for college expenses such as tuition, supplies, and room and board.

Date:

Signature:

NYS Council of Deliberation Scholarship aid is a gift, not a loan, and can be based on academic achievement, participation in worthwhile activities, financial need, and self help. Checks will be issued by August 1st to successful applicants drawn payable to the student recipient.

DEPUTY AND COMMITTEE USE ONLY

Approved by the Valley Committee (Name and Date)

Approved by the State Committee (Name and Date)

Approved by the Deputy (Name and Date)

Amount Granted:

Payable to:

Check can be sent (select):

Deputy

State Committee Chairman

or Valley Secretary: