

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: _____
(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 of America.
4. Have a Grade Point Average no less than 3.0 or a AB@ 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, or gender. 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: _____

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 ACCOMANY THIS APPLICATION**

I AM PLANNING TO ATTEND

Name of Accredited Post-Secondary Educational

Institution: _____

Address: _____ City: _____ St: _____

Zip: _____

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:

Do you anticipate transferring or attending a different post-secondary educational institution than the one listed before:

Yes _____ No _____ If yes, list name of institution: _____

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**

ABOUT YOU

List all academic awards and honors
received: _____

State your primary educational
goal: _____

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

(Use separate piece of paper if necessary)

Do you have a Masonic relationship?:

_____ (use a separate sheet 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)

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

_____ \$ _____

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

Savings & Investments: \$ _____

Summer Employment: \$ _____

Part time work during school year: \$ _____

Parents/Legal Guardian contribution: \$ _____

Other Assistance: \$ _____

Name: _____ Amount:
\$ _____

Name: _____ Amount:
\$ _____

Name: _____ Amount:
\$ _____

YOUR OTHER ACTIVITIES

List memberships in non-academic clubs, civic activities, community, religious or political organizations. The organization, office held or rank attained, date and any award or honor received. (List on a separate piece of paper)

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

Applicants Signature: _____

CERTIFICATION

Applicants may not be considered without the following, in its entirety: Pages 1 through 4 of this application, with complete information and necessary attachments. Official school transcript of your most recently completed academic term. **APPLICATIONS MUST BE IN TO THE GRAND YORK RITE OFFICE BY 5:00PM ON JUNE 29, 2010 to be eligible for consideration for the Fall 2010 Semester.**

Mail completed application and all paperwork to:

Wayne H. Rolf
Grand Recorder
Knights Templar Educational Foundation
PO Box 1217
Topeka, KS 66601-1217

REVISED August 2009