

2020-2021 Application for Scottish Rite Scholarship Aid Leon M. Abbott and/or NYS Council of Deliberation

The applicant must personally complete this application. The application and all supporting documentation must be submitted in duplicate to the Valley Office designated below, by April 1st. Applications received after that date will not be considered. **College scholarships and financial assistance will be awarded for a maximum of four (4) years for qualifying students attending an accredited College or other Trade School.**

Return to Valley Scholarship Chairman:

Last Name First Name MI Soc. Sec. No.

Home Street Address

Home City/Town, State, Zip

Email Telephone

1. Father's Name Occupation

2a. Mother's Name Occupation

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

3a. Is your Father a Master 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 a Children's Dyslexia Center? (Y/N) Director

4a. To what youth organization affiliated with Freemasonry do (have) you belong(ed)? (Ex: DeMolay, Rainbow, Triangle, 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? (fr, soph, jr, sr) 7. Current GPA:

\$

8. Adjusted gross family income reported to IRS the previous year:

9a. Provide an estimate of yearly financial needs:

9b. Present sources of income for school:

Tuition:	\$	<input type="text"/>	Job:	\$	<input type="text"/>
Room/Board	\$	<input type="text"/>	Loan:	\$	<input type="text"/>
Other	\$	<input type="text"/>	Scholarship:	\$	<input type="text"/>
Total:	\$	<input type="text"/>	Grants:	\$	<input type="text"/>

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? (Use extra paper if necessary)

13. Previous Abbott or NYSCOD

Scholarship recipient?

Or new applicant?

(Applicants are eligible for a maximum of 4 awards)

(if yes, indicate years)

(Y/N)

Please **SUBMIT** the following **REQUIRED** documentation with the application:

- a. **Most current copy of college transcript;**
- b. **At least one confidential letter of 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

(use additional paper if necessary)

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

Date:

Signature:

Leon M. Abbott and/or 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.

11/2016

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 to (select):

Deputy

State Committee Chairman

Valley Secretary

Recipient