
Lodge/Chapter name, number, city: _____

STUDENT SECTION

All applications, including full completion of the student section, must be received by July 1, 2009. Applications for each student must be completed in full before a matching check is issued and mailed. Minnesota Masonic Charities matching checks will be mailed to the student's home address on or near AUGUST 15, 2009. The checks will be made payable to the student and the school of choice indicated on the application. Lodges are responsible for communicating this information to scholarship recipients.

SUBMIT APPLICATIONS TO: The Grand Lodge of Minnesota; 11501 Masonic Home Drive; Bloomington, MN 55437

Student's full name: _____ Phone: () _____

Student's address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian name(s): _____

1. Scholarship amount student is receiving from the Lodge/Chapter: \$ _____

2. Scholarship amount student is receiving from Minnesota Masonic Charities: \$ _____

3. Total Scholarship amount student is receiving (add lines 1 and 2): \$ _____

Name of school student plans to attend: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Student's full name: _____ Phone: () _____

Student's address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian name(s): _____

1. Scholarship amount student is receiving from the Lodge/Chapter: \$ _____

2. Scholarship amount student is receiving from Minnesota Masonic Charities: \$ _____

3. Total Scholarship amount student is receiving (add lines 1 and 2): \$ _____

Name of school student plans to attend: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Student's full name: _____ Phone: () _____

Student's address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian name(s): _____

1. Scholarship amount student is receiving from the Lodge/Chapter: \$ _____

2. Scholarship amount student is receiving from Minnesota Masonic Charities: \$ _____

3. Total Scholarship amount student is receiving (add lines 1 and 2): \$ _____

Name of school student plans to attend: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Student's full name: _____ Phone: () _____

Student's address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian name(s): _____

1. Scholarship amount student is receiving from the Lodge/Chapter: \$ _____

2. Scholarship amount student is receiving from Minnesota Masonic Charities: \$ _____

3. Total Scholarship amount student is receiving (add lines 1 and 2): \$ _____

Name of school student plans to attend: _____

Street Address: _____ City: _____ State: _____ Zip: _____

For office use only:

Date Received: _____ Date Processed: _____ Approved: Y N Issue Date/Amount: _____