

APPLICATION FOR KATHLEEN CASTLE MEMORIAL SCHOLARSHIP FUND

(Application to be personally completed by applicant submitted in duplicate and received by **April 1st** in Valley Secretary's office. Any applications received after that date cannot be considered for the ensuing academic year.)

Return completed application to: **Ancient Accepted Scottish Rite**
317 East Fifth Street
Cincinnati, Ohio 45202-3399

Name _____ Date of Birth _____
(first) (middle) (last) (month/day/year)

Home Address _____ Telephone(____) _____
(street and number)

(city) (state) (zip code) (email)

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Is your mother/father a member in good standing of the Order of Eastern Star? Yes No If yes, indicate chapter _____
(please circle)

Is your grandmother/grandfather a member in good standing of the Order of Eastern Star? Yes No
(please circle)

If yes, indicate name of grandparent and name of chapter _____

To what youth organizations affiliated with Freemasonry do (have) you belong (ed) to? Job's Daughter's/Rainbow) _____

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

State briefly your extracurricular school related interests and activities _____

Name of accredited school to be attended: _____ Major: _____

Address of school: _____

Student Social Security Number: _____ Which Class will you be entering? _____

Adjusted Gross Family Income as reported to the IRS: _____

Indicate amount of aid anticipated from sources other than family (grant, loan, job, other scholarship): _____

Provide an estimate of yearly financial needs:

Tuition: \$ _____
 Maintenance: \$ _____
 Other: \$ _____
 Total: \$ _____

Present Sources of Income for School:

Job: \$ _____
 Loan: \$ _____
 Scholarship: \$ _____
 Grants: \$ _____
 Other
 Revenues: \$ _____
 Total: \$ _____

Vocation:

For what career are you planning? _____

If Undecided, indicate possible choices: _____

How many children in your family? _____ Ages: _____

How many children in your family are attending college: _____

Additional Information you wish to be considered: _____

Previous Castle Scholarship recipient? _____ Or New Applicant: (yes) _____

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

- a. Most current copy of high school or college transcript.
- b. At least one confidential letter or recommendation from an instructor, counselor or advisor.
- c. Most current copy of FAFSA form.
- d. Copies of SAT, ACT or GRE results.

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

Date _____ Applicant Signature: _____

The Kathleen Castle Memorial Scholarship is a gift, not a loan, and can be based on academic achievement, participation in worthwhile activities, financial needs, and self help. Checks will be issued by August 1 to successful applicants drawn payable to the student recipient.