

## APPLICATION FOR SCHOLARSHIP JOHN WEIKEL MEMORIAL (FEMALES ONLY)

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Name					
Last	First	Middle		Social S	ecurity Number
Home Address					
Number and	Street	City		State	Zip Code
( ) -	()		/	/	
Home Phone Number	Cell Phon	e Number	Date of B	irth (M/D/Y)	Current Age
	FAM	IILY PROFILE			
			_		
Parents or Guardia	is Names	Relationship	0	ccupation	
Mr./Mrs./Ms.					
Mr./Mrs./Ms.					
Home Address					_
Number and S	Street	City St	tate Z	Zip Code	
· · · · (	) -				
Home Phone Number Cell	Phone Number				
Do you have any brothers and/or	sisters? If so, ho	w many, and what	are their a	ages?	
Brothers		Sister	s		
s your family in a position to assist	in vour expenses	s for college in any r	nanner wh	atsoever? Y	es No
- ,	,, <b>,</b>				
THIS SCHOLARSHIP IS INTENDED FO	OR FEMALE GRAD	UATES OF HARPER	HIGH SCHO	OOL THAT AF	RE PURSUING
/OCATIONAL, TRADE, OR CAREER					
S NOT A SCHOLARSHIP APPLICATIO	JN FOR A JUNIOR		-YEAR UNI		

PURSUING A TRADITIONAL COLLEGE DEGREE.

	ACADEMIC PR	OFILE				
Name of High School		G	raduation Date	/		
Class Ranking Class Si	ze	GPA	on a	Point System		
TRADE SCHOOL INFORMATION						
Proposed Field of Study			If undecided	l, check here		
Trade School/Career Institute of Choice (Lis Accepted?	t in Order of Preferer		or Admission?	Have you been		
1		Yes, or No		Yes or No		
2						
3						

## EXTRACURRIULAR ACTIVITIES

- 1. List your major extracurricular activities (both in-school and out-of-school) and the years of participation. For example: Band 10-13; Basketball 12, 13; French Club 12, 13, etc.
- 2. If your experience includes paid employment, or volunteer work, list the job title, the average number of hours you worked weekly, and the dates of employment.

/ould you be available for a personal interview by the Masonic Scholarship Committee? Ye	s No
riefly state your need for this scholarship along with your career goals	

Please complete this application and return it with the following:

- 1. Two (2) letters of recommendation
  - A. One from a non-school related adult who personally knows the applicant (Minister, Employer, Scout Leader, etc.)
  - B. One from a teacher of which the applicant was a student
- 2. A copy of your High School Transcript

I acknowledge that I have answered all the above questions to the best of my knowledge and authorize any and all schools I have attended to supply the Masonic Scholarship Committee with information for verification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

DEADLINE FOR APPLICATION IS Wednesday, February 1, 2023 Applications may be downloaded at www.FredericksburgMasons.com

Please mail this completed application, along with the two letters of recommendation and transcripts to: Fredericksburg Lodge No. 794 A.F. & A.M.

Scholarship Committee P. O. Box 751 Fredericksburg, TX 78624