

# Nederland Masonic Lodge #1368, AF & AM



Mail completed application to:  
Nederland Lodge #1368  
P.O. Box 995  
Nederland, Texas 77627

Applications due: February 15<sup>th</sup>

## Student Information

Please attach the following to complete this application:

- Copy of your High School Transcript
- Letter of recommendation from a Teacher
- Letter of recommendation from a family friend

## General Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Name and Ages of brothers and sisters living at home \_\_\_\_\_

\_\_\_\_\_

Number of persons in your family attending college \_\_\_\_\_

Total household income for the previous tax year:

Less than \$50,000 \_\_\_\_\_

\$50,000 to \$100,000 \_\_\_\_\_

\$100,000 to \$150,000 \_\_\_\_\_

More than \$150,000 \_\_\_\_\_

**School Activities**

List all school activities you have been involved in. List all leadership positions held. Also show grade in which you participated in the activity or held the leadership position.

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**Special Awards or Honors**

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**Community or Church Activities and work experience**

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**Future Plans**

Anticipated College or Trade School \_\_\_\_\_

Anticipated College Major \_\_\_\_\_

Anticipated Occupation/Career \_\_\_\_\_

Were you impacted by something during your lifetime that you felt led to this career choice?

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What do you consider to be your gifts?

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If there are any other events in your life which you feel have contributed to your personal growth please describe here:

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Which Teacher has had the most positive influence on you during your education?

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Recommend by:

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*(Must be signed by a current member of Nederland Masonic Lodge #1368)*

I authorize the release of information to the Nederland Masonic Lodge Scholarship Committee related to, but not limited to class rank, SAT/ACT scores, and grade point average for the purpose of determining recipients of this scholarship.

Student's Signature \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

**Information below to be provided by the staff of the Counselor's Office**

High School Rank: \_\_\_\_\_ Number in Class: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

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Signature of Counselor/Staff providing information

Date