

Valley of Utica SCOTTISH RITE MEMORIAL SCHOLARSHIP APPLICATION

DEADLINE SUBMISSION DATE:
MUST BE RECEIVED NO LATER THAN JULY 15, 2024



2024

**YAHNUNDAHSIS BODIES AASR
251 Genesee Street
Utica, NY 13501**

VALLEY OF UTICA MEMORIAL SCHOLARSHIP PROGRAM 2024

ELIGIBILITY RULES

1. An applicant must be a resident of the Scottish Rite Valley of Utica which covers primarily Oneida and bordering counties.
2. The applicant must provide a copy of his or her most current academic transcripts or records.
3. The applicant must submit a letter of recommendation from someone who is not a relative.
4. Applications will be considered for a grant of up to a maximum of \$ 300.00.
5. All questions must be answered.
6. Tentative winners will be notified during the summer however, cash awards will not be made until February upon receipt by the Scholarship Chairman of a copy of the students transcript indicating successful completion of the fall semester no later than January 15th.
7. All applications **MUST** be received at the Valley office by **JULY 15, 2024.**

APPLICATION FOR SCOTTISH RITE MEMORIAL SCHOLARSHIP GRANT 2024

Application to be personally completed by applicant, submitted, and received in the Valley of Utica office by **July 15**. Applications received after this date cannot be considered for the ensuing year.

RETURN APPLICATION TO:
YAHNUNDAHISIS BODIES, AASR
MASONIC HALL
251 GENESEE STREET
UTICA, NY 13501-3401

(Please Print or Type)

Name _____ Date of Birth _____
(First) (Middle) (Last) (MM/DD/YY)

Home Address _____ Telephone () _____
(Street)

(City) (State) (Zip Code)

Address to contact student or to which information should be sent
(if not home address):

(Street) (City) (State) (Zip Code)

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

College in which you are/will be enrolled _____

Address _____

College Class:
I will be a () Freshman () Sophomore () Junior () Senior () Graduate Student

My Major is (if known): _____

Non-school related groups to which you belong: _____

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State briefly your extracurricular school related interests and activities: (organizations, sports, etc.)

Number of other members of immediate family currently in college: _____

Why are you applying for this scholarship?

Additional information you wish to have considered:

How did you learn about this scholarship?

Name of related Masons _____

Lodge Name: _____ Lodge Number: _____

Relationship to applicant _____

I certify that a copy of my college transcript or high school permanent record and a letter of recommendation will accompany this application and be sent to the office of the Valley of Utica at the address shown on page 3 of this application by July 15th.

I believe the foregoing statements to be accurate.

Applicant's Signature

Date

COMMITTEE USE ONLY

Approved by the Valley Committee: _____ Date: _____

Amount Granted: \$ _____