

RW Jeffrey S. Gardner, PGSB Memorial Scholarship Application

ALL INFORMATION MUST BE COMPLETED BY APRIL 15, 2020

Student _____

Address _____

City _____ Zip Code _____

Telephone _____ Date of Birth _____ Age _____

Sex _____ number of brothers & sisters _____ number currently in college _____

Please enter which grades you attended at the following schools:

Grade Entered: 9th _____ 10th _____ 11th _____ 12th _____

Scholarship is for graduating high school seniors only

Please indicate your relationship to a member of Mariners Lodge which is a requirement for this scholarship.

Member's Name Relationship to Member

I am applying for the following:

_____ 4 year college _____ 2 year college

_____ attending vocation or technical school after graduation

Are you presently employed? Yes _____ No _____

Type of job _____ Employer _____

STUDENT NAME: _____

(last)

(first)

(middle)

**PLEASE MAKE SURE YOU FILL IN ALL THE INFORMATION IN THIS BOX AS IT IS OF
UTMOST IMPORTANCE TO SCHOLARSHIP SPONSORS.**

Name of College or trade school you plan to attend or accepted by.

1st Choice: _____

2nd Choice _____

3rd Choice _____

Major course of study: _____

ESSAY:

Attach a statement no longer than 3 typed-written pages double spaced to the back of this packet.
Please describe in this statement how a member of the Masonic Lodge had an impact on your life.
This statement can also reflect a description of your accomplishments while you were a student at
_____ **High School. This should also include activities and services**
which you have provided to the community, your church, or outside organizations in the community
in which you are active. You should also discuss your career plans and how the school to which you
are applying will assist you in attaining this goal.

**I UNDERSTAND THAT I MUST RETURN ANY MONEY I RECEIVE TO THE DONATING
ORGANIZATIONS IF I DO NOT FOLLOW THROUGH WITH MY STATED FUTURE PLANS.
(i.e. COLLEGE, VOCATIONAL SCHOOL, WORKING, MILITARY, ETC.)**

**I authorize the duplication of this information for any contributing service organization
scholarship committee. I state that everything I have stated on this application is true.**

SIGNATURE OF STUDENT

SIGNATURE OF PARENT OR GUARDIAN

STUDENT NAME: _____

(last)

(first)

(middle)

SUMMARY SHEET OF SCHOOL ACTIVITIES

The signature of the coach/adviser must be obtained to verify participation. If you held An office or position in an activity, indicate it in the year column. Coach/Adviser should sign in each year in which the student participated.

	9 th	10 th	11 th	12 th
AADA				
Art Club				
Band				
Baseball				
Basketball				
Big Brother				
Big Sister				
Biology Club				
Bowling				
Cheerleading Competition				
Cheerleading — Fall				
Cheerleading — Winter				
Chemistry Club				
Choir				
Close-Up				
Color Guard				
Computer Club				
Costumes				
Cross Country				
Dance Team				
DECA				
Drama Club				
Emergency Service Club				
FBLA				
Field Hockey				
Football				
Freshman Class Officer				
Future Teachers of America				
German Club				
Golf				
Gymnastics				
Intergenerational Club				
International Club				
Junior Class Officer				
Lacrosse				

STUDENT NAME: _____

(last)

(first)

(middle)

- Literary Magazine
- Math Team
- National Honor Society
- Newspaper
- Peer Mediation
- Pep Club
- Physics Club
- REBEL
- SADD
- School Play
- Senior Class Officer
- Set Construction
- Ski Club
- Soccer
- Softball
- Sophomore Class Officer
- Special Olympics
- Student Government
- Swim Team
- Tennis
- Track-Spring
- Track - Winter
- Volleyball
- Weight Club
- Woman's Lacrosse
- World Languages Club
- Wrestling
- Yearbook

STUDENT NAME: _____

(last)

(first)

(middle)

COMMUNITY ACTIVITIES SUMMARY SHEET

The following information must be completed for each community activity in which you are active. Include only community service that is not affiliated with any membership in a co-curricular activity.

Activity _____ Sponsor _____

Nature of Activity: (Type of Organization)

Amount of time dedicated:

Responsibilities:

Name and Address of Adviser:

Telephone Number _____

Signature of Adviser _____

STUDENT NAME: _____

(last)

(first)

(middle)