

## Gideon Lodge No. 84, F. & A.M.

8 Church Street

Kingston, New Hampshire

WOOD MEMORIAL SCHOLARSHIP FUND

## APPLICATION

1. Name:	Date:		/	/
		Month	Day	Year
Address:				
Street C	ity	State	ZIP	
Phone: ()				
2. Date of Birth://////				
3. Father's Name:				
Home Address:				
Occupation:				
Where Employed:				
4. Mother's Name:				
Home Address:				
Occupation:				
Where Employed:				
5. List any brothers and sisters and their ages:				
Number attending High School: Col	lege:		_	

## Employer (past or present, full or part time): Friend: 7. What school are you attending? Indicate which year of study: 1st\_\_\_\_\_ 2nd\_\_\_\_\_ 3rd\_\_\_\_\_ 4th\_\_\_\_ Other \_\_\_\_\_\_ Do you plan any change this year? \_\_\_\_\_ 8. What course(s) are you taking? What are your career plans, if known? 9. What extra-curricular activities are you engaged in? 10. List any scholarships and/or grants and amounts that you have received as of this date: 11. Is there any other information that you would like considered by the Committee?

6. Give name and address of the following references: Clergy:

12. Submit this application along with a letter of approximately 150 words stating your reasons for requesting this scholarship to the Secretary of Gideon Lodge on or before <u>October 31st</u>.