



JOHN D. SKOGLUND
MEMORIAL SCHOLARSHIP FUND
APPLICATION FOR STUDENT FINANCIAL AID

Please read the following instructions carefully
 Please fill the form completely and then print and sign the form.

PLEASE PASTE PHOTO
 HERE IF YOU PRINT THE
 FORM FIRST.

This space can be digitally filled with a picture of the applicant in PDF Format if the Adobe Reader XI is used to fill the form.

Instructions/Tips for creating a pdf from a jpg digital picture are available at the ACGL Website (<http://acgl.eu>).

- 1) You must be a student in good standing and found personally worthy after evaluation by the Selection Committee.
- 2) All questions on this and the following two pages must be answered.
- 3) Scholarships are granted on a yearly basis.
- 4) Your personal references must be people of respected standing in their respective communities who are not related to you in any way, and preferably with some Masonic affiliation.
- 5) Any instructors/teachers you provide as references must have had supervision over, and observation of your work for the last two years of your school attendance.
- 6) Be certain all addresses and telephone numbers are complete, accurate and legible.
 PRINT IN CAPITAL LETTERS ONLY.
- 7) Your application must be received by the Fund Administrator at one of the following addresses not later than December 31 to be considered for a scholarship grant. All applications will then be decided on during the month of April. When completed, mail or E-mail the form to the resident Fund Administrator at the following address:

Paul Litteral
Hindenburgstr.15
97469 Gochsheim
Germany
E-Mail: paul@litteral.de

SCHOLARSHIP APPLICATION

(Print only in CAPITAL letters)

I (Give your full name) _____

, herewith make application for a scholarship grant to assist me in furthering my studies in the

(check one) Freshman Sophomore Junior Senior

Class at _____ College, located at _____

For the academic year / semester beginning the month of _____ 20__

I expect to graduate from college in the month of _____ 20__

(BE CERTAIN TO INCLUDE CORRECT DIAL CODES FOR ALL TELEPHONE NUMBERS)

My Home Address (Street) _____

(City, State, ZIP code) _____

Telephone No. (s) _____ Email Address: _____

My address while in school (if known to me at this time)

Street: _____

City, State, ZIP Code: _____

Telephone No.: _____ Email Address: _____

CONTINUE ON PAGE 2.....

APPLICANT'S PERSONAL STATEMENT

1. Date of Birth: _____ Place of Birth: _____
2. In what school are you now, or were you last, a Student? (GIVE NAME AND ADDRESS)

3. Married single (Check relevant Box) If married, your spouse's name: _____
4. What field have you chosen for your vocational career? _____
5. Are you employed during vacation or holiday periods? Yes No (Check relevant Box)
If Yes, what kind of employment have you had, or expect to have?

6. What is your grade average? _____ (PLEASE ENCLOSE COPY OF YOUR TRANSCRIPT)
7. What type of campus activities have you been involved in or plan to be involved in during the next Semester?

8. Itemize your college expenses for the coming year:
Tuition: _____ Other Fees: _____ (ITEMIZE YOUR FEES ON THE NEXT LINE)

9. Father's name: _____ Tel. No. _____
Address (IF DIFFERENT FROM PAGE 1) _____
10. Mother's name: _____ Tel. No. _____
Address (IF DIFFERENT FROM ABOVE) _____
11. Guardian's name and address, if applicable:

12. Give the names and addresses of two personal references who are **not** related to you:
a) _____
b) _____
13. Give the names and addresses of two teachers as references (**See Instruction No. 5**)
a) _____
b) _____
14. Are you a member of the Order of DeMolay for Boys or Rainbow for Girls?
Yes No (Check relevant Box) If yes, give name and location of Chapter or Assembly:

Date: _____ (FULL SIGNATURE)

CONTINUE ON PAGE 3.....

CONFIDENTIAL

This part of the application for Student Financial Aid must be completed by the parents of the applicant (or the legal guardian, when applicable). The information provided will be kept strictly confidential; no copies will be made or stored in any form. The information is an essential prerequisite to enable the Scholarship Selection Committee to expedite a fair and just consideration of your son's or daughter's application, and is not intended to be inquisitorial.

LIST HERE ALL CHILDREN IN YOUR FAMILY AND INDICATE THE PERCENTAGE OF PARENTAL FINANCIAL SUPPORT EACH RECEIVES DURING THE YEAR:

NAME	AGE	STUDENT? IN PUBLIC SCHOOL	STUDENT? IN PRIVATE SCHOOL	PERCENT OF YOUR SUPPORT	INCOME TAX DEPENDENT?
APPLICANT					

NOTE: IF ADDITIONAL SPACE IS NECESSARY, PLEASE CONTINUE ON REVERSE SIDE

PLEASE GIVE THE MAKE AND YEAR OF ANY MOTOR VEHICLES OWNED BY FAMILY MEMBERS:

TYPE/MODEL	YEAR	OWNED/DRIVEN BY

DO YOU OWN YOUR OWN HOME ? YES NO

ESTIMATED FAMILY INCOME FOR THE COMING ACADEMIC YEAR

FAMILY MEMBER	SALARY or WAGES	OTHER INCOME * (SEE NOTE)
FATHER		
MOTHER		
BROTHER(S)		
SISTER(S)		

*NOTE: * DOES YOUR FAMILY HAVE OTHER SOURCES OF INCOME (RETIREMENT OR OTHER PENSIONS, OR FROM RENTAL PROPERTIES, INTEREST OR DIVIDENDS ON SAVINGS/INVESTMENTS, ETC?) _____ IF SO, GIVE TOTALS ABOVE AND A BRIEF EXPLANATION HERE. IF NECESSARY, CONTINUE ON THE REVERSE.....*

TOTAL INCOME FROM ALL SOURCES:

FATHER: _____ MOTHER: _____

DATE: _____

WE CERTIFY THE ABOVE INFORMATION TO BE COMPLETE TO THE BEST OF OUR KNOWLEDGE

(FATHER'S SIGNATURE)

(MOTHER'S SIGNATURE)

NAME AND NO. OF YOUR ACGL LODGE: _____