



APPLICATION



FOR

CLARK JOHNS – JOE STEPHENS

MEMORIAL

SCHOLARSHIP FUND

\$1,000 SCHOLARSHIP AWARD

**PRESENTED BY CLARKSVILLE LODGE NO. 89  
FREE & ACCEPTED MASONS OF TENNESSEE**

**223 NORTH SECOND STREET  
CLARKSVILLE, TENNESSEE 37040-3207**

[Application must be received by March 31, 2013, to receive consideration for the Year 2013 - See Memorandum of Understanding for Terms and Conditions]

To assist a graduating high school senior, recommended by a Master Mason, and chosen by the Clarksville Lodge No. 89's Scholarship Committee, according to the guidelines as recorded in the Lodge's bylaws and the attached Memorandum of Understanding.

INSTRUCTIONS

Please complete this application by printing or typing all requested information. Sign and date the form (Pages 3 and 4) and have it mail on/before March 31, 2013 to:

Clarksville Lodge No. 89, F. & A. M.  
ATTN: Scholarship Committee  
223 N. 2<sup>nd</sup> Street  
Clarksville, TN 37040

You may also PDF the completed form to [rgooch@charter.net](mailto:rgooch@charter.net) before March 31, 2013.

All information contained in this application will be held in strict confidence.

REQUESTED PERSONAL INFORMATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

High School: \_\_\_\_\_

1. College entrance examination score - ACT or SAT. Please circle the type of examination taken.  
ACT Composite score and SAT combined score: \_\_\_\_\_

2. Cumulative High School grade points (GPA), excluding the current year Spring Semester:  
\_\_\_\_\_

3. Please list classes, or subject matter, for your High School's Junior Year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please list classes, or subject matter, for your High School's Senior Year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List your career field objective (examples, Teacher, Lawyer, Nurse, Attorney, Minister, etc.):

\_\_\_\_\_

6. List the college, the university or educational institution you plan to attend: \_\_\_\_\_

\_\_\_\_\_

FINANCIAL NEEDS

1. Total number of family members living at home: \_\_\_\_\_

2. Number of dependents in your parents family, including you: Children \_\_\_\_\_  
Ages \_\_\_\_\_ . Number now attending collage \_\_\_\_\_

3. Indicate (circle) your family's adjusted gross income from the last year's tax return:

Less than \$15,000	\$15,000 to \$20,000	\$20,000 to \$25,000
\$25,000 to \$30,000	\$30,000 to \$35,000	\$35,000 to \$40,000
\$40,000 to \$45,000	\$45,000 to \$50,000	More than \$50,000

4. Other financial considerations which need to be noted: \_\_\_\_\_

\_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES

1. Organizations, clubs and activities you are involved with (show years of affiliation and offices held): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Honors and Awards you have received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please list any community or other related activities with which you have been or are now involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Are you now employed? \_\_\_\_\_. If yes, with whom are you employed, what type of work and how many hours per week are you employed? \_\_\_\_\_

5. Describe any other work, social and/or community activities of which you are involved, not described elsewhere on this application: \_\_\_\_\_

6. In your own words, please describe in 150 words or less the course of study or the major field of interest you plan to follow, your proposed occupation or profession and any other abilities you have that you did not previously mention in this application.

\_\_\_\_\_  
The Signature of Applicant

\_\_\_\_\_  
Date of Application

MEMORANDUM OF UNDERSTANDING  
TERMS AND CONDITIONS

1. All applications must be received by March 31, 2013, the year in which the scholarship is to be awarded.
2. The recipient will be notified before May 31, 2013, the year in which the scholarship is to be awarded.
3. The recipient must be registered as a full time student.
4. Scholarship monies will be forwarded to the college/university (hereafter to be referred to as institution) that the recipient plans to attend upon notification from the aforementioned institution that the recipient is registered as a full time student after the institution's drop/add date has passed.
5. Should the recipient not complete the required courses or withdraw from the aforementioned institution prior to the end of the session in which the recipient is enrolled, reimbursement in full to Clarksville Lodge No. 89, Free and Accepted Masons, of all scholarship monies paid out in the recipient's name is expected. Exceptions to this clause will be as follows:
  - a. Death of a family member that requires the recipient to attend to the immediate needs of the remaining family members before the end of the session.
  - b. Illness of a family member that requires the recipient to attend to the immediate needs of the remaining family members before the end of the session.
  - c. Illness of the recipient, caused by accident or disease, requiring hospitalization or a certification from the recipient's physician that the recipient is medically unable to complete the session.

I hereby attest I have read and fully understand the above terms and conditions, and, I do hereby agree to said terms and conditions set forth, to receive the Clark Johns-Joe Stephens Memorial Scholarship Fund Award.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chairman of Scholarship Committee

\_\_\_\_\_  
Date

(The signature of the Chairman of Scholarship Committee is not required prior to submission of application)

\_\_\_\_\_  
Parents' or Guardian's Signature

\_\_\_\_\_  
Date

(Signatures above required prior to submission of application)