

Bud E. Barney Scholarship Application Form

(Please Print in Ink)

Confidential

SUBMISSION DEADLINE MARCH 30th

Instructions and notes:

Fill out forms completely; three pages

Use additional sheets for more detailed responses, if necessary

Your Guidance Counselor will attach your transcript/counselor report and GPA information records

Attach any written recommendations, etc., for consideration

Note: A Masonic direct or indirect family relationship may be an advantage but is not a requirement

Personal Information

Applicant's Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ SS# _____ - _____ - _____

Age: _____ Male: ___ Female: ___ HS Graduation Date: _____

Father's Full Name: _____ Age: _____ Living? _____

Occupation: _____

Mother's Full Name: _____ Age: _____ Living? _____

Occupation: _____

Living with both parents? _____ If not, with whom: _____

Current Address: _____

City: _____ State: _____ Zip: _____

College Information

Anticipated College Major: _____

Career goal: _____

Bud E. Barney Scholarship - Confidential

Applicant's last name: _____

College Information (Con't.)

Applicant's college* of choice: _____

College address: _____

Have you been accepted? _____ Not notified yet _____

To what other colleges* have you applied?

a: _____ b: _____

c: _____ d: _____

Expenses

Anticipated college expenses for the upcoming year:

Tuition: _____ Room: _____ Board: _____

Books: _____ Travel: _____ Misc.: _____

Total anticipated expenses: _____

Income**

Please indicate your family's Adjusted Gross Income: _____

Number of children in family: _____ Number currently in college: _____

Current family college costs: _____ Amount and type of any aid family/
child/children is/are receiving: _____

Have you saved any money for college expenses? _____ How much: _____

Other unusual financial circumstances you would like considered: _____

* - Must be accredited by the Southern States Association of Universities and Colleges

** - Must be completed to be considered

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Applicant's last name: _____

Work Experience

List any job/s you have now or have had in the past: _____

List any current or past community volunteer service, with hours completed, that you have performed:

Other community involvement: _____

Recommendations

Attach any written recommendation from former/current teachers, guidance counselors, church and/or community leaders, etc, for consideration.

I have read, understood, and completed this application, and to the best of my knowledge believe all information to be correct. Failure to provide accurate information will result in the applicant being disqualified.

Applicant's signature

Date

Parent/Guardian signature

Date

IMPORTANT

Mail this application and any supporting information to: Worshipful Master, Scholarship Committee Chairman, Vero Beach Masonic Lodge 250 F&AM, 1959 14th Ave, Vero Beach, Florida, 32960, postmarked no later than the MARCH 30th.