



# Allen P. Reid Memorial Masonic Scholarship

**Describe your involvement in scholastic extracurricular activities:  
(Student Government, Athletics, Clubs, etc.)**

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**Describe your involvement in community activities, if any:  
(Civic, Community, Church, School, Employment, etc.)**

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**Please list any other additional information that you would like to give the committee that  
may help us to evaluate you & your personal life:  
(How would this scholarship benefit you, your family, &/or your community)**

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# Allen P. Reid Memorial Masonic Scholarship

## DECLARATION & ACKNOWLEDGEMENT

PLEASE READ, SIGN, & DATE

I, the undersigned applicant, hereby declare that I am applying for a scholarship provided through the Allen P. Reid Memorial Scholarship Fund administered by Dickinson Masonic Lodge #1324. I attest that this scholarship will be used to further my education at an institution of higher learning.

I understand that all proceeds from any scholarship that may be awarded will be used exclusively to subsidize the costs of tuition & fees charged by such institution. Further, I understand this scholarship, if awarded to me, that the award is for 1 year only. I further understand that if failure to enroll in the 2018-2019 academic year or if I drop out of school, I will be obligated to pay back the scholarship award to the extent the award has been paid to my school & my school will not provide the scholarship fund with a refund. I hereby affirm that all information contained in this application is accurate & complete to the best of my knowledge.

Applicants Name: (Printed) \_\_\_\_\_  
Last First MI

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: (Printed) \_\_\_\_\_  
Last First MI

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE DO NOT FORGET TO INCLUDE WITH THIS APPLICATION THE FOLLOWING:**  
***HIGH SCHOOL TRANSCRIPTS***  
***REFERENCE LETTERS ADDRESS TO LODGE***  
**ANY PAPERWORK SUBMITTED AFTER SUBMISSION OF APPLICATION WILL NOT BE CONSIDERED**

For Committee Use Only:

Date Received by Committee: \_\_\_\_\_

Committee Decision (Granted/Rejected) \_\_\_\_\_ Date: \_\_\_\_\_

Amount of Scholarship Awarded: \$ \_\_\_\_\_

Committee Members:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_