The Louisiana Scottish Rite Foundation, Inc. Ancient and Accepted Scottish Rite of Freemasonry Southern Jurisdiction, USA

P. O. Box 64, Shreveport, Louisiana 71161-0064 Application for Financial Scholarship

Name:				Sex:	
(Last) (First	(First)		(Middle/Maiden)		
Social Security Number		Marital Status			
Mailing Address(Street)		(0:1-)		((())	(Z ')
		(City)		(State)	(Zip)
Home Address(Street)		(City)		(State)	(Zip)
(Street)		(City)		(State)	(Zip)
School Telephone		_Home	Telephone_		
Place and Date of Birth		U	.S. Citizen	Yes _	No
Current Financial Informati	<u>on</u>				
List all sources of financial aid yo grants, students loans, etc. and sp			. scholarsh	ips, fellowship	os,
Income Personal Earnings	\$			per month	
Spousal or Parent Support	\$			per month	
Other Income (Explain below)	\$			per month	
Total Monthly Income:	\$			per month	
Expenses Food and Housing	\$			per month	
Automobile Expense	\$			per month	
Personal Credit Accounts Payable	e \$			per month	
Other Expenses (Explain below)	\$			per month	
Total Monthly Expenses	\$			per month	

Difference		
Total Income - Total Expenses	\$	per month
Explanation of other income or o	ther expenses:	
Educational Information		
High School		
(Name)	(City & State)	(Date Graduated)
Undergraduate		
(Name)	(City & State)	(Date Graduated)
Where do you attend Graduate Se	chool?	
	(Name)	(City & State)
Submit one copy of your tro	anscript(s) for all univer	<u>sity work attempted.</u>

List all civic, social, fraternal, volunteer, and service activities in which you are actively involved at the present time.

	brief statements indicating 1) the reasons you are ders, 2) your perception of why speech-hearingd 3) your ambitions in this field.
mental capacity and industry: one	nendations attesting to your character, personality, letter from your University Department Head, one and one letter from either an employer or educator work in the past.
The statements contained in this d knowledge.	ocument are true and correct to the best of my
Signed:	Date: