Established 1902

Email:tclsf@tallcedars.org • Website: www.tallcedars.org • Our Charity – Muscular Dystrophy Research 4309 Linglestown Road, Suite 116 • Harrisburg, Pennsylvania 17112 • (717) 232-5991 • FAX (717) 232-5997

EDUCATIONAL SCHOLARSHIP CHECKLIST

All application packets must contain the following items in the order listed below.

All sealed envelopes (transcripts, references) must be placed in the proper order according to this checklist.

 Scholarship Application	
Applicant Information	
Family Information	
Planned Course of Study and Career Objectives	
 Educational Information	
Class Ranking	
GPA	
SAT and/or ACT Scores	
 Volunteer Activities	
 Estimated Higher Education Costs	
 School Recommendation, including Official School Transcript	
Two recommendations from guidance counselors, advisors, and/or teachers	
 Personal Letters of Reference	
One personal reference from an employer, minister, community leader, etc.	
(Please, no family members)	
Masonic Affiliation form	
 Transmit Inniumon Ionn	
 Photo/Video Release form	

Deadline for applications is March 25th, with the awards being made in April.

Version: 20240225



Established 1902

Email:tclsf@tallcedars.org • Website: www.tallcedars.org • Our Charity – Muscular Dystrophy Research 4309 Linglestown Road, Suite 116 • Harrisburg, Pennsylvania 17112 • (717) 232-5991 • FAX (717) 232-5997

Tall Cedar Scholarship Application

Applicant Information:

Name: ___

Last		First	Middle	
Address	City	State	Zip	
Phone #	email			
Date of Birth				
What College, University, or Technical School Do You Plan to Attend?				
Have You Been Accepted? Please include a copy of the acceptance letter.				
Family Information:				
Father's Name	Place of Empl	oyment	Occupation	
Mother's Name	Place of Emp	loyment	Occupation	
Brothers & Sisters				
Name	Age	Grade i	n school	
Name	Age	Grade i	n school	
Name	Age	Grade i	n school	

Field Of Interest: Please explain why a post-secondary education is important to you. What are your educational goals? What are your career objectives?

Please limit yourself to 1,000 words.

Eduational Information:

ldress	City	State Zip _	
AT and/or ACT Scores (optional): Combined	Math	erbal	
rrent Grade-Point Average	Major		
hool Activities & Honors			
ted Information:			
Volunteer Activities/Interests – Civic, Church,	Fraternal (Indicate organization	on & period of membership	in each.)
Estimated Higher Education Costs:	Doorn and Doord		
Tuition & Fees:	Room and Board		
•	Other costs		
Tuition & Fees:	Other costsribute towards your education	?	
Tuition & Fees: Books & Supplies: What will you and your family be able to cont Scholarships Received (if any)	Other costsribute towards your education	?	
Tuition & Fees: Books & Supplies: What will you and your family be able to cont	Other costs ribute towards your education w the grant will help you and I	ow the lack of grant will hi	
Tuition & Fees: Books & Supplies: What will you and your family be able to cont Scholarships Received (if any) Need for Scholarship Grant – Simply state ho	Other costs ribute towards your education w the grant will help you and I	ow the lack of grant will hi	
Tuition & Fees: Books & Supplies: What will you and your family be able to cont Scholarships Received (if any) Need for Scholarship Grant – Simply state ho	Other costs ribute towards your education w the grant will help you and I	ow the lack of grant will hi	

Established 1902

Email:tclsf@tallcedars.org • Website: www.tallcedars.org • Our Charity – Muscular Dystrophy Research 4309 Linglestown Road, Suite 116 • Harrisburg, Pennsylvania 17112 • (717) 232-5991 • FAX (717) 232-5997

School Recommendation Form

Signed:

Instruction: Please have your high school counselor/college advisor complete the following form, place it in a sealed envelope with your transcript, and return it to you for inclusion in your application packet. is currently a member of the ____ Student's Name Address School ZIP City State The student is currently ranked _____ out of a class of _____. In addition, he/she is maintaining an accumulative grade point average of _____ out of a possible 4.0. Comments:

Title

Date ____

Masonic Sponsor or Affiliation Please complete section(s) that apply:

\sim	. •	- 1
€.	ection	
7.	CCHOIL	

I am a member	of the following Masonic organ		
	Tall Cedars of Lebanon of N.A.	Α.	
·	Job's Daughters		
·	Rainbow Girls		
	Triangles		
	DeMolay		
Organization's	Name:		
Address			
			ZIP
Organization's	Advisor		
Telephone #			
		d/or * * * *	
Section II			
I am the son, da	ughter, grandson, or granddaugh	ter of a Tall Cedar.	
Cedar's Name		Fores	t No
Address			
			ZIP
Telephone #		Relationship	
		* * * * *	

Please attach a photocopy of your current organization's Dues Card or a photocopy of your Tall Cedar Sponsor's Dues Card.

Established 1902

Email:tclsf@tallcedars.org • Website: www.tallcedars.org • Our Charity – Muscular Dystrophy Research 4309 Linglestown Road, Suite 116 • Harrisburg, Pennsylvania 17112 • (717) 232-5991 • FAX (717) 232-5997

PHOTO/VIDEO RELEASE

I, (please print full name neatly)	,
hereby grant permission to the Tall Cedars of Lebanon In	ternational (Tall Cedars), including any of its Forests, to applicant in press releases and/or other materials either in
press releases can be downloaded and reprinted by news	e that any photos/images/videos posted electronically and in organizations, individuals and others, including print, the Tall Cedars from any liability arising from use of these
I further understand that if I wish to rescind this a Tall Cedars. I further understand that already published prescission will take effect upon receipt of said notification	
Name of applicant:	
Signature:(Parent or guardian if applicant is a minor	Date: