

HAROLD M. BISHOP SCHOLARSHIP
JOEL H. PROUTY LODGE OF MASONS A.F.& A.M
FINANCIAL NEED QUESTIONNAIRE

INSTRUCTIONS AND COMMENTS CONCERNING PURPOSE OF THIS INFORMATION

The following, CONFIDENTIAL, information will be used by the Harold M. Bishop Scholarship Committee to evaluate the scholastic and civic qualifications of the applicant, and to determine the comparative financial needs of the applicant with respect to his/ her anticipated advanced educational cost requirements. All application information and supporting documentation are treated as confidential and destroyed after the scholarship selection process has been completed.

IMPORTANT NOTE: While the submission of the completed Financial Need Questionnaire is not required for consideration for the scholarship, it must be understood by the applicant and his or her family that comparative financial need may constitute up to 25% of the total points percentage used to determine the applicant's ranking.

The questionnaire should be completed and submitted by the applicant and his or her parents (or legal guardians) along with the scholarship application form.

The completed questionnaire shall be certified as being complete and accurate with respect to the requested information and attested so to be by the signatures of the applicant and his or her parents (or legal guardians) in the presence of a signatory disinterested third party who may be any one of the following persons:

- (a) A Notary Public
- (b) A member of the Clergy (Minister, Priest or Rabbi)
- (c) A Master Mason who is a member in good standing of Joel H. Prouty Lodge A.F.& A.M.

REQUESTED INFORMATION

I. Name of Applicant _____ Class _____
Address _____ City _____ State _____ Zip Code _____
Telephone # _____ email address _____

II. Family Income and Financial Support Capability

(a) Annual combined incomes of applicant's parents (or legal guardians) \$ _____

(b) Estimated annual earnings of applicant \$ _____

(c) Estimated total annual financial support capabilities of applicant
and family towards advanced education costs \$ _____

(d) List and specify amounts of all other scholarships, grants and/or financial
assistance awards available to the applicant towards his or her advanced
educational costs: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total= \$ _____

*** - Please remember to attach a current copy of Parent's (or Guardian's) 2008 Federal Income Tax Return.**

III. Name and location of school applicant will attend: _____

IV. Identify and specify estimate first year advanced educational costs:

- (a) Tuition \$ _____
- (b) Books, fees & supplies \$ _____
- (c) Dormitory or room rents \$ _____
- (d) Meal expenses \$ _____
- (e) Travel expenses (For non-boarding or day students) \$ _____
- (f) Other necessary expenses (describe kinds & amounts)
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total estimated first year educational costs \$ _____

V. Please attach a brief summary of the applicant's participation in school, civic, athletic, and/or church activities.

VI. List any Masonic Affiliation you might have:

VI. We certify that the above information is complete and accurate.

Signature of Applicant _____ Date _____

Signature of Parent (Legal guardian) _____ Date _____

Signature of Parent (Legal guardian) _____ Date _____

Signature, Printed Name, and Address of witness _____

Date _____