
Last Name

First

Middle

APPLICATION

FOR

2023

Dr. ROBERT L. HUNT

MEMORIAL SCHOLARSHIP FUND

\$1,000 SCHOLARSHIP AWARD

OFFERED BY CLARKSVILLE LODGE NO. 89

FREE & ACCEPTED MASONS OF TENNESSEE

225 NORTH SECOND STREET

CLARKSVILLE, TENNESSEE 37040-3207

TO RECEIVE CONSIDERATION FOR THE YEAR 2023

APPLICATION MUST BE POSTMARKED OR RECEIVED BY MARCH 31, 2023

SEE MEMORANDUM OF UNDERSTANDING FOR TERMS AND CONDITIONS

The **Clarksville Lodge #89 Scholarship Committee** will choose the selectee for the Scholarship Award from among all received applications in accordance with its established By-Laws and the attached Memorandum of Understanding.

INSTRUCTIONS

Please complete this application by **printing or typing all requested information**. Sign and date the form (pages 4 and 5 to include a Parent or Guardian Signature on page 5).

Mail it on/before March 31, 2023, to:

Clarksville Lodge #89 F&AM
ATTN: Scholarship Committee
225 N 2nd Street
Clarksville, TN 37040-3281

You may also PDF the completed form (and ALL attachments) to secretary@cl89.org by March 31, 2023.

All information contained in this application will be held in strict confidence.

REQUESTED PERSONAL INFORMATION

Name _____

Street _____

City, State, ZIP _____

Home Phone No. _____

High School _____

1. College entrance examination score – ACT and/or SAT. Please circle the type of examination taken.

ACT Composite Score and/or SAT combined score: _____

2. Cumulative high school grade point average (GPA),
excluding the current year Spring Semester: _____

3. Please list classes, or subject matter, for your High School Junior Year:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Please list classes, or subject matter for your High School Senior Year:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. List your career field objective: (examples - Teacher, Lawyer, Nurse, Architect, Minister, etc)

6. List the college, university or educational institution you plan to attend:

7. **Please attach a current transcript from your high school to the back of this application.**

FINANCIAL NEEDS

1. Total number of family members living at home: _____

2. Number of dependents in your parents' family, including you: _____

Ages: _____ Number currently attending college: _____

3. Indicate (circle) your family's 2020 adjusted gross income from current year tax return:

Less than \$20,000	\$20,000 - \$24,999	\$25,000 - \$29,999
\$30,000 - \$34,999	\$35,000 - \$39,999	\$40,000 - \$44,999
\$45,000 - \$49,999	\$50,000 - \$59,999	More than \$60,000

4. Other financial considerations which need to be noted: _____

EXTRACURRICULAR ACTIVITIES

1. Organizations, clubs and activities with which you have been involved: (show years of affiliation and offices held) _____

2. Honors and Awards you have received: (please include the year awarded)

_____	_____
_____	_____
_____	_____
_____	_____

3. Please list any community or other related activities in which you have been or are now involved:

_____	_____
_____	_____
_____	_____
_____	_____

4. Are you now employed? _____ If yes, with whom are you employed, what type of work and how many hours per week are you employed?

5. Describe any other work, social and/or community activities in which you are involved that are not described elsewhere in this application.

MEMORANDUM OF UNDERSTANDING
TERMS AND CONDITIONS

1. All applications must be received by March 31, 2023, the year in which the scholarship is to be awarded.
2. The recipient will be notified before May 31, 2023, the year in which the scholarship is to be awarded.
3. The recipient must be registered as a full-time student.
4. Scholarship monies will be forwarded to the college/university (hereafter to be referred to as institution) that the recipient plans to attend upon notification from the institution that the recipient is registered as a full-time student after the institution's drop/add date has passed.
5. Should the recipient not complete the required courses or withdraw from the institution prior to the end of the session in which the recipient is enrolled, reimbursement in full to Clarksville Lodge No. 89, Free and Accepted Masons, of all scholarship monies paid out in the recipient's name is expected. Exceptions to this clause will be as follows:
 - a. Death of a family member that requires the recipient to attend to the immediate needs of the remaining family members before the end of the session.
 - b. Illness of a family member that requires the recipient to attend to the immediate needs of the remaining family members before the end of the session.
 - c. Illness of the recipient, caused by accident or disease, requiring hospitalization or a certification from the recipient's physician that the recipient is medically unable to complete the session.

I hereby attest I have read and fully understand the above terms and conditions, and, I do hereby agree to said terms and conditions set forth, to receive the Dr. Robert L Hunt Scholarship Fund Award.

Applicant's Signature Date

Signature of Scholarship Committee Chairman Date
(Signature NOT required prior to submission of application)

Parent/Guardian's Signature Date
(Signature above IS required prior to submission of application)