GRAND COURT OF FLORIDA
ORDER OF THE AMARANTH

YOUTH SCHOLARSHIP PROGRAM
RULES FOR APPLICATION:

1. The applicant must be a Florida resident and a High School Senior or be currently enrolled in a College or Vocational Training School. Scholarships will be awarded for College or Vocational Studied.

2. Application must be received by the Grand Royal Matron **before March 15, 2026**

3. Application must be accompanied by THREE letters of reference from ADULTS, complete with names and addresses of each.

4. Attach one reference from the Guidance Counselor of your High School. (College Students can ignore this request)

5. Send SCHOOL VERIFICATION of your GRADE POINT AVERAGE.

6. Write a short essay telling us a bit about who you are and why you have chosen to apply for this Scholarship.

7. One of your letters of reference must be from an adult member of a MASONIC ORGINAZATION (preference given to non-relatives) who know you personally.

8. Applications are to be mailed to:

Beth Strayer, GRM
3259 N Amphibian Pt
Crystal River FL 34428

12. The Scholarship(s) will be awarded at the Informal Opening of our Grand Court Session.
If your application is chosen to receive an award,
you will be contacted with the date and location of our
2026 Grand Court Session to invite you to accept your scholarship in person.

Beth Strayer, Grand Royal Matron
Grand Court of Florida
Order of the Amaranth

ORDER OF THE AMARANTH MASONIC YOUTH SCH0LARSHIP APPLICATION

NAME

_____

_____

ADDRESS_____

_____

_____

_____

PHONE # (_____)_____ **EMAIL**

_____

DATE OF BIRTH_____

MASONIC YOUTH ORGANIZATION(S) TO WHICH YOU BELONG:

_____

LIST ANY OFFICE HELD, IF ANY:

_____

_____

_____

CURRENT ADULT ADVISOR'S NAME_____

ADDRESS_____

_____

PHONE # (_____)_____ **EMAIL**

_____

HOW LONG HAVE YOU BELONGED TO (EACH) ORGANIZATION:

_____

SCHOOL YOU NOW ATTEND:

_____

SCHOOL YOU PLAN TO ATTEND IN THE FALL_____

HAVE YOU BEEN ACCEPTED? YES_____ NO _____

WHAT IS YOUR GRADE POINT AVERAGE? _____

WHAT WILL YOUR MAJOR BE? _____

OTHER ACTIVITIES AND ORGANIZATIONS YOU ARE ACTIVE IN:

_____

_____

_____

(attach extra sheet in necessary)

I,_____HERE BY AGREE THAT IF GRANTED A SCHOLARSHIP BY THE GRAND COURT OF FLORIDA, ORDER OF AMARANTH, I WILL USE THE FUNDS FOR MY SCHOOL COST ONLY. IF FOR ANY REASON, I DO NOT ATTEND SCHOOL AS STATED IN THE APPLICATION, I AGREE TO RETURN THE SCHOLARSHIP IN FULL TO THE GRAND COURT OF FLORIDA, ORDER OF THE AMARANTH.

_____

DATE:_____

Applicant must sign to be considered

Witness: (Parent or Guardian)_____