

ORDER OF THE AMARANTH- MASONIC YOUTH SCHOLARSHIP APPLICATION:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

MASONIC YOUTH ORGANIZATIONS YOU BELONG TO:  
LIST ANY OFFICE HELD, IF ANY.

\_\_\_\_\_  
\_\_\_\_\_

CURRENT ADULT ADVISORS NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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 BELONG TO:

\_\_\_\_\_

use extra paper if needed

WHAT ARE YOUR GOALS IN LIFE

SHORT NARRATIVE REQUESTED \_\_\_\_\_

\_\_\_\_\_

MASONIC YOUTH SCHOLARSHIP - ORDER OF THE AMARANTH

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.  
FURTHER 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) \_\_\_\_\_