



GRAND COURT OF FLORIDA
ORDER OF THE AMARANTH

YOUTH SCHOLARSHIP PROGRAM
RULES FOR APPLICATION:

1. Applicant must be a Florida Resident only and a High School Senior or currently enrolled in a College or Vocational Training School. Scholarship will be awarded for College or Vocational Studies.
2. Application must be received by the Grand Royal Matron before April 20, 2016.
3. Application must be accompanied by THREE letters of references from ADULTS, COMPLETE WITH NAME AND ADDRESS 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 GRAND POINT AVERAGE.
6. Write a short STATEMENT regarding why your NEED/WANT this scholarship. Financial data may be submitted but is not necessary for acceptance.
7. One of your letter of references must be an adult member of a MASONIC FRATERNAL ORGANIZATION, i.e. ADULT ADVISORS, AMARANTH MEMBER, MASOR OR OTHER ORGANIZATIONAL MEMBERS, who know you personally.
8. Applications are to be mailed to:
Mrs. Cathy Edson
Grand Royal Matron
3105 Lakestone Drive
Tampa, FL 33618-1120
9. This SCHOLARSHIP is to be AWARDED ON MAY 19, 2016, during our Informal Opening Ceremony for our ANNUAL GRAND COURT SESSION.

If you are selected to receive this SCHOLARSHIP, will you be able to be present TO ACCEPT?

YES _____ NO _____ Our "Garden of Irish Memories" Session will be held in Tampa, FL at the:

Holiday Inn, Tampa Westshore Airport
700 N. Westshore Blvd.
Tampa, FL 33609

BEST OF LUCK TO ALL OF YOU

H.L. Cathy Edson
Grand Royal Matron
Grand Court of Florida
Order of the Amaranth

ORDER OF THE AMARANTH MASONIC YOUTH SCHOLARSHIP APPLICATION

NAME _____

ADDRESS _____

PHONE NUMBER (____) _____

DATE OF BIRTH _____

MASONIC YOUTH ORGANIZATION TO WHICH YOU BELONG: _____

LIST ANY OFFICE HELD, IF ANY: _____

CURRENT ADULT ADVISOR'S 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 TO WHICH YOU BELONG: _____

use extra paper if needed

WHAT ARE YOUR GOALS IN LIFE? _____

SHORT NARRATIVE REQUESTED _____

use extra paper if needed

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.

Applicant must sign (to be considered) DATE: _____

Witness: (Parent or Guardian) _____