

# M.: W.: Grand Lodge of Arkansas

## Board of Charities

P.O. Box 2460

Little Rock, Arkansas 72203



# Hall Memorial Fund Scholarship Application Questionnaire

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**THE MOST WORSHIPFUL GRAND LODGE  
FREE AND ACCEPTED MASONS OF ARKANSAS**

**BOARD OF CHARITIES  
HALL MEMORIAL SCHOLARSHIP FUND  
P.O. Box 2460  
LITTLE ROCK, ARKANSAS 72203**

**APPLICATION FOR EDUCATIONAL ASSISTANCE**

1. Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_
2. Age of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_
3. What college or educational institution does student plan to attend? \_\_\_\_\_  
\_\_\_\_\_ Location: \_\_\_\_\_  
Will student live at home or on campus? \_\_\_\_\_ Does school operate on a semester \_\_\_ or trimester \_\_\_
4. Tuition cost? \_\_\_\_\_ Room and Board cost? \_\_\_\_\_ Books and Fees? \_\_\_\_\_  
Other costs? \_\_\_\_\_
5. What is your present Scholastic status? (Freshman, Senior Etc.) \_\_\_\_\_
6. What career will you seek after completion of your education and where? \_\_\_\_\_  
\_\_\_\_\_
7. How has your education been financed to date? \_\_\_\_\_
8. Extent of financial aid to be received from family? \_\_\_\_\_
9. What other financial assistance and amounts are now being received? \_\_\_\_\_  
\_\_\_\_\_
10. List schools attended before college and give Grade Point Average?  
\_\_\_\_\_ Dates \_\_\_\_\_ GPA \_\_\_\_\_  
\_\_\_\_\_ Dates \_\_\_\_\_ GPA \_\_\_\_\_
11. List colleges attended, semester hours completed and Grade Point Average?  
\_\_\_\_\_ 20\_\_ to 20\_\_ Hours \_\_\_\_\_ GPA \_\_\_\_\_  
\_\_\_\_\_ 20\_\_ to 20\_\_ Hours \_\_\_\_\_ GPA \_\_\_\_\_

12. How Much financial grant will be need each semester or trimester? \_\_\_\_\_  
\_\_\_\_\_ When Needed? \_\_\_\_\_

13. Do you own or have use of a car? \_\_\_\_\_ Make, Model and Year? \_\_\_\_\_  
Owner? \_\_\_\_\_ Annual car operating expense paid by you? \_\_\_\_\_  
Others sharing expenses? \_\_\_\_\_

14. Applicants actual or anticipated earnings while in Schools? \_\_\_\_\_  
Earned Last semester? \_\_\_\_\_ Earned Last Summer? \_\_\_\_\_  
Coming Summer? \_\_\_\_\_ Anticipated next summer? \_\_\_\_\_

15. Are you or have you been married? \_\_\_\_\_ Children? \_\_\_\_\_ How many? \_\_\_\_\_  
Other dependents and their relationship? \_\_\_\_\_

16. Did your father have any other children? YES \_\_\_\_\_ No \_\_\_\_\_

17. Names and ages of other children?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. List principal extra-curricular activities, honors, positions of leadership, etc.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. List employment history for last three years- employer address, dates, reason for leaving, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Mothers Name: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Own Home or rent? \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Employers Address: \_\_\_\_\_  
Annual salary: \_\_\_\_\_ Other Income: \_\_\_\_\_ Social Security income \_\_\_\_\_

21. Names, relationships and ages of dependents supported by Mother?  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

22. Fathers Name: \_\_\_\_\_ Member of \_\_\_\_\_ Lodge No. \_\_\_\_\_  
Located at \_\_\_\_\_ Arkansas. Date Deceased: \_\_\_\_\_

23. List three references giving full name, title, occupation and address (No Relatives). ATTACH LETTERS OF RECOMMENDATION FROM EACH REFERENCE.

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24. Attach a letter setting forth in detail an explanation of your educational plans, career you will seek and where, future plans, etc., and how essential this grant is to these plans. USE AT LEAST 250 WORDS IN YOUR HANDWRITING.

25. Attach a transcript from 12<sup>th</sup> grade high school or last semester of college.

NOTE: All questions must be answered. All personal and financial information contained in this questionnaire will be treated in confidence.

To the best of my knowledge the information contained in this application is true and correct. The board of charities has my permission to verify any part of the information contained, or to request from me any additional information deemed necessary by them, to fully process my application.

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Mothers Signature

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Applicants Signature

It is my understanding that the Board of Charities has the sole discretion to grant the educational aid sought and/or to continue such grant.

I further understand that these grants are available only to sons and daughters of deceased Master Masons who were members, in good standing at the time of their death, of a Lodge subordinate to the Grand Lodge of Arkansas.

Each grant is judged solely on the need, use, funds available and the information contained herein and with the application.

I also understand that I will not be required to repay any of the assistance received, however should I elect to do so, any repayment will go into the permanent funds, earnings from which will be used for future educational grants.

I also understand that I, along with my mother or guardian will meet with the board for a personal interview

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Applicants Signature