

THE KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION

NEW YORK DIVISON

AWARD FOR SCHOLASTIC ACHIEVEMENT APPLICATION

MISSION STATEMENT

The Knights Templar Educational Foundation Committee shall consider all applicants for grants without regard to age, race, religion, national origin or gender. Applicant must be a United States Citizen and a resident of New York State. Applications are open to all students regardless of their financial circumstances.

This is a highly competitive award and all completed applications will be considered. All applications must be received by **May 15th** of each year to be considered. Please type application or print in ink. Do not use pencil. **Incomplete applications will not be considered.**

ELIGIBILITY

High School Seniors and others may apply for an award. However, to receive the award, the Applicant must be enrolled in the pursuit of a 2 (two) or 4 (four) year College/University degree, Trade or Business School education.

PERSONAL DATA

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

HIGH SCHOOL APPLICANTS

High School Name _____

Address _____ Phone (_____) _____

Note: **OFFICIAL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION**

I AM PLANNING TO ATTEND

Name of College/University/Business or Trade School _____

Address _____

Expected student status: (check one) Full Time Part Time

Major course of study _____

Minor course of study _____

COLLEGE, UNIVERSITY, GRADUATE, BUSINESS OR TRADE SCHOOL APPLICANTS

College, University, Graduate, Business, or Trade School _____

Address _____

Major course of study _____

Minor course of study _____

Expected date of graduation _____

Do you plan to attend Graduate School? _____ When? _____

Proposed Graduate School name _____

Course of study _____ Expected date of graduation _____

Note: **OFFICIAL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION**

ABOUT YOU

(Use a separate sheet of paper, if necessary.)

List all academic awards and/or honors received _____

State your primary goal _____

YOUR FINANCIAL NEEDS

Do not leave any question blank. Provide a reasonable estimate if actual figures are not available.

Tuition and fees.....\$ _____

Transportation.....\$ _____

Room and Board.....\$ _____

Books and supplies.....\$ _____

Other expenses.....\$ _____

Total annual education expenses.....\$ _____

ANNUAL CONTRIBUTION FOR EDUCATION

How much will you contribute towards your expenses?

Parents/legal guardian contribution.....\$ _____

Savings and investments.....\$ _____

Work during school year.....\$ _____

Summer employment.....\$ _____

Other assistance (loans etc.).....\$ _____

Total contribution.....\$ _____

List financial aid (scholarships or grants, not loans) for which you have been approved and will receive this academic year. (Use separate sheet of paper, if necessary.)

Name _____ Amount _____

Name _____ Amount _____

YOUR OTHER ACTIVITIES

List involvement in civic activities, community, religious or political organizations; office held or rank attained and any honors received. (Use separate sheet of paper, if necessary.)

CERTIFICATION

I certify that all information contained herein or attached is correct to the best of my knowledge.

Applicant's signature: _____

Applications will not be considered without the following in its entirety.

1. Pages 1 through 3 of this application, with complete information and all necessary attachments.
2. Official School transcript of your most recently completed academic term of High School, College, University, Graduate, Business or Trade School.
3. Two recommendations from non-family professionals such as a teacher, professor, guidance counselor, coach or employer.

Mail completed applications and all paperwork to:

David Lathers
3 Avondale Avenue
Hornell, NY 14843