

## Masonic Lodge #77 Scholarship Information

The Klamath Masonic Lodge #77 will award two \$2,000.00 scholarships this year. **All graduating seniors may apply.** The successful candidate will need to have submitted a **fully completed** scholarship application, have a cumulative **GPA of 3.0** or better, may be asked to attend a **brief interview** with the Klamath Masonic Lodge #77 scholarship committee,

**All applications must be received by mail and addressed to the scholarship committee no later than **May 11,2025****

PLEASE MAIL YOUR COMPLETED APPLICATION TO:

### SCHOLARSHIP COMMITTEE

Steven Baker

4143 Adelaide Ave.

Klamath Falls, OR. 97603

All interested graduating High School seniors are encourage apply.

Scholarship application can be found at <http://klamathlodge.org/>

If you have any questions or comments, please address them to:

Steven Baker  
4143 Adelaide Ave.  
Klamath Falls, OR 97603  
541-292-0116

# Klamath Masonic Lodge #77

## Application for Scholarship Award

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

XXX-XX-

1. Name (Last) (First) (Middle initial) SS# (last four only)

2. Permanent Address (street) (City) (State) (Zip)

3. Sex Male  Female  / / ( ) -  
Date of Birth Telephone Number

4. Name of Parent / Guardian

( ) -  
Address (street) if different than applicant (City) (State) (Zip) Home Phone

5. School Currently Attending High School Graduation Date

( ) -  
Address (City) (State) (Zip) Phone Number

6. Name and address of college or vocational school for which applicant's scholarship is requested

( ) -  
Address (City) (State) (Zip) Phone Number

Community/Junior College (associates degree only)  Community/Junior College (plans to transfer to a four-year college to complete bachelor's degree)  
 Vocational/Technical Accredited  Yes  No  Four-year College to complete bachelor's degree

7. Student is: accepted Pending Enrolled

Full time  Half time or more  Less than half time

Will live: On campus Off campus Will commute

8. Subject area applicant is pursuing:

9. Employer and Occupation of Guardian:

\*10. Name of Relative in the Masonic Family

Lodge # Relationship to you

\*not necessary

**11. Your Work History:**

Describe your work history during the past four years. Indicate dates of employment in each job, and approximate number of hours worked each week. List total amounts earned at each job.

Position	Date From (MM/YY)	Date to (MM/YY)	Hours Per Week	Amount Earned

12. List all school activities in which you have participated during the past 4 years. (e.g. student government, music, sports, etc.) . List all community activities in which you have participated without pay during the past 4 years (e.g. Red Cross, church work, volunteer work, etc.). Indicate all special awards and honors.

Activity	# of years practice	Special Awards, Honors	Activity	# of years practice	Special Awards, Honors

13. Write a brief Paragraph describing your educational plans as they relate to your career objectives and future goals.

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14. Please report any unusual family or personal circumstance the have effected your school activities, work experience or achievement in school, and/or what effect this scholarship will have on you.

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15. Please list below the name and amount of any scholarships or grants that you have been awarded for the coming school year.

	Source	Amount received or sought	Granted	Pending
A.				
B.				

## Applicant Appraisal

**This appraisal must be completed by a counselor or instructor of the applicant.**

### To the Appraiser:

You have been asked to provide information in support of the scholarship application. In fairness to the student, we ask you to give immediate and serious attention to the appraisal.

A. Period of time you have known the applicant \_\_\_\_\_

B. How well have you know applicant?                      Very Well                       Fairly Well                       Limited Contact

C. Please rate the student from one to four on the following items (one is the lowest and four is the highest).

	1	2	3	4
1. Based on the applicant's ability and capabilities, the applicant has made a whole and realistic choice for a post-secondary educational program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. This applicant exhibits a strong commitment to educational goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The intended course of studies will prepare this applicant for future career plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. This applicant has contributed to school and/or community activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Achievement of performance records reflect this applicants abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. This applicant is able to cope with the demands of future academic requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. This applicant's career choice is realistic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. This applicant's attitude will be an asset to educational and career plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Your expectation of this applicant's academic success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Your expectation of this applicant's success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Unusual circumstance or factor which you feel warrant special attention:

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E. Student's rank in class \_\_\_\_\_ Class size \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ (4.0 scale, unweighted).  
**Please include a current transcript.**

Appraisers Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Fully completed Application must Be Received by mail**  
**No later than 5/11/25**

To: Scholarship Committee  
Steven Baker  
4143 Adelaide Ave.  
Klamath Falls, OR 97603

In submitting this application, I certify that the information is complete and accurate to the best of my knowledge.

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**Applicants Signature**

**Date**