

*William Charles Thomas Lodge No. 112*

*Over 130 Years and Still Raising the Level*

Kris J. Daniel  
Senior Warden  
404.399.0826

Richard L. Harvey  
Junior Warden  
404.951.3568



Franklin E. Goodwin, P.M.  
Treasurer  
615.400.0169

Jon E. Antoin P.M.  
Secretary  
678.572.7931

Raphael L. Holloway, 33°  
Worshipful Master  
3770 Campbellton Rd., SW  
Atlanta, Georgia 30331  
678.778.7229

*Horace Ruben Academic Scholarship*

**2023**

**ACADEMIC SCHOLARSHIP APPLICATION**

**DEADLINE:**

**October 01, 2023**

For additional information, contact:

Bro. SW Kris J. Daniel  
Scholarship Committee Chair  
678.778.7229

*Horace Ruben Academic Scholarship*

# ACADEMIC SCHOLARSHIP APPLICATION

(Please type all information)

COMPLETE AND MAIL TO: W.C. Thomas Masonic Lodge No. 112  
ATTN: Bro. Kris J. Daniel  
3770 Campbellton Rd. SW  
Atlanta, Georgia 30331

**BEFORE THE APPLICATION CAN BE CONSIDERED, THE APPLICANT (A GRADUATING AFRICAN-AMERICAN SENIOR or COLLEGE FRESHMEN) SHALL PROVIDE AN APPLICATION PACKET WHICH INCLUDES:**

- (1) A COMPLETED APPLICATION; AND
- (2) AN OFFICIAL TRANSCRIPT, IN A SEALED ENVELOPE, FROM THE CURRENT HIGH SCHOOL OF MATRICULATION; AND
- (3) TWO (2) LETTERS OF RECOMMENDATION, IN SEALED ENVELOPES WITH SIGNATURE ACROSS THE SEAL.
- (4) COMPLETED COUNSELOR VERIFICATION FORM
- (5) SIGNED AGREEMENT FOR DISBURSEMENT OF SCHOLARSHIP FUNDS

## INFORMATION AND INSTRUCTIONS FOR APPLYING FOR THE HORACE RUBEN ACADEMIC SCHOLARSHIP

1. In order to be considered, a complete application packet **MUST be postmarked by September 27, 2023.**
2. Omission of any part of the application will eliminate the application from consideration.
3. Applicant must have a minimum **2.75** cumulative Grade Point Average on a 4.0 scale.
4. Applicant may apply for financial aid to complete undergraduate/collegiate work only. **Scholarship awards are for tuition and book expenses only.**
5. Parent/Guardian of applicant must sign **Disbursement of Scholarship Funds Agreement**
6. Scholarship recipients are asked to attend an Award Presentation Ceremony hosted by W.C. Thomas Masonic Lodge No. 112, during its Annual Scholarship Gala **November 4, 2023.**
7. Academic scholarships will be awarded upon verification of enrollment from a college or university. Verification entails an enrollment form completed by the institution with the registrar's signature and official seal of the institution. Scholarship checks will be made payable to the recipient **and/ or** the college/university.

## PART I – PERSONAL DATA

Name \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Number Street Apt. No.  
\_\_\_\_\_  
City State Zip Code

Home Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Parent(s)/Guardian (s) Phone Mobile Telephone: \_\_\_\_\_

Parent(s)/Guardian(s) Email Address: \_\_\_\_\_

## PART II – EDUCATIONAL DATA

Name of High School: \_\_\_\_\_

School Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip Code

School Telephone Number: \_\_\_\_\_

Cumulative Grade Point Average (on 4.0 scale): \_\_\_\_\_

## PART III – HONORS, SPECIAL TALENTS & WORK EXPERIENCE

1. List honors and awards (e.g., academic, church, community, sports):

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

**PART III – HONORS, SPECIAL TALENTS & WORK EXPERIENCE  
(Continued)**

2. List extracurricular activities - organizations and clubs (indicate years of involvement and any offices held):

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3. List community involvement activities:

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4. List any work experience (Give job title, employer and dates of employment beginning with your current or most recent job):

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5. Describe other work experiences (such as family business or helping at home):

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NOTE TO  
STUDENT:

Please WRITE/TYPE your name in the blank below and submit this form to the school counselor to obtain the required information.

\_\_\_\_\_  
Student's Name

### PART V – COUNSELOR VERIFICATION

**THE FOLLOWING INFORMATION SHOULD BE COMPLETED BY YOUR HIGH SCHOOL COUNSELOR ONLY:**

1. College entrance examination score (ACT or SAT)

Highest ACT Composite Score: \_\_\_\_\_

Highest SAT Math Score: \_\_\_\_\_ Highest SAT Verbal Score: \_\_\_\_\_

Highest SAT Writing Score: \_\_\_\_\_

2. Cumulative High School grade point average (GPA): \_\_\_\_\_

3. Class Rank Number: \_\_\_\_\_ in a class of \_\_\_\_\_

\_\_\_\_\_  
Counselor's Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

NOTE TO

COUNSELOR:

Please return the completed form to the student, as it is the student's responsibility to return it to W.C. Thomas Masonic Lodge No. 112, Academic Scholarship Committee, 3770 Campbellton Rd., Atlanta, Georgia 30331.

## PART VI – RECOMMENDATIONS

Please submit a recommendation letter from **EACH** of the following:

- (1) **ACADEMIC OR PERSONAL RECOMMENDATION** letter from a Core Academic Teacher (Math, Science, Language Arts/English, Social Studies/History)
- (2) **CHARACTER RECOMMENDATION** letter from a Minister, Civic Leader, or Professional Person

Please have your references submit a typed letter of recommendation for you. The letters should be addressed to Horace Reuben Academic Scholarship Committee and include:

- Name and occupation of reference
- The name of the applicant and relationship
- How long the reference has known the applicant
- Information regarding why the applicant should receive the scholarship award

The letters of recommendation should be submitted in a **sealed envelope with the reference's signature across the sealed portion**. A total of **two** letters of recommendation: One (1) academic or personal **AND** one (1) character recommendation letter should be submitted in your application packet.

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### FOR ALL APPLICANTS

I hereby declare that all of the above statements are true. I have also included with this application the necessary official transcript and two letters of recommendation in sealed envelopes. I agree to accept the decision of the Academic Scholarship Committee of W.C. Thomas Masonic Lodge No. 112

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**

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## **2023 Scholarship Application**

### **SCHOLARSHIP APPLICATION DISCLAIMER AGREEMENT FOR DISBURSEMENT OF SCHOLARSHIP FUNDS**

I, \_\_\_\_\_ (Parent/Guardian) acknowledge and understand that the scholarship awards may be disbursed in a lump sum payment directly to the college/university identified by the scholarship recipient (Student's Name) \_\_\_\_\_.

Scholarship Awards must be claimed by December 31, 2023 or they will be forfeited. No exceptions.

I recognize and accept these conditions for the disbursement of any scholarship award that my child may receive.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date