

William Charles Thomas Lodge No. 112

Over 130 Years and Still Raising the Level

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Horace Ruben Academic Scholarship

2024
ACADEMIC SCHOLARSHIP APPLICATION

DEADLINE:
October 01, 2024

For additional information, contact:

Bro. SW Kris J. Daniel
Scholarship Committee Chair
404.399.0826

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 FROM METRO ATLANTA) 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 or GRADUATION; 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 October 1, 2024.**
2. Omission of any part of the application will eliminate the application from consideration.
3. Applicant must have a minimum **3.0** 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 9, 2024.**
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):

3. List community involvement activities:

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

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

PART IV – ESSAY

Describe in 500 words or less why you want to be a recipient of the Horace Ruben Academic Scholarship. Indicate the course of study you plan to follow, your proposed occupation or profession, and any other skills/abilities you have that were not previously mentioned in this application.

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, SW Kris Daniel, 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.

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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2024 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, 2024 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