The Edward Leon Duhamel Scholarship provides tuition support for post-secondary education to descendants of members of the Franklin Lodge of Freemasons in Westerly, Rhode Island. Applicants must be descendants of a member of Franklin Lodge or descendants of other freemasons in Rhode Island. Up to four scholarships ranging from \$500 to \$1,000 will be given annually with awards renewable up to four years if the student maintains good academic standing. Preference is given to prior year's recipients. Graduate students are ineligible.

#### **QUALIFICATION CRITERIA:**

In order to qualify as an applicant, you must meet the following criteria:

- Able to demonstrate that you are a descendant of a member of Franklin Lodge in Westerly, Rhode Island, or a descendant of another RI Freemason.
- Able to demonstrate scholastic achievement and good citizenship.
- Able to demonstrate enrollment status (full-time/part-time).
- Able to demonstrate that you have been accepted into or continuing a program of study within an accredited post-secondary institution.

#### A COMPLETE APPLICATION INCLUDES:

- ➤ □ A completed application form INCLUDING THIS INSTRUCTION SHEET
- ➤ □ One essay as an attachment
- ➤ □ Notarized copies of your financial aid award letter <u>and</u> an enrollment status document from your school as an attachment
- ➤ □ A notarized copy of your final Student Aid Report Summary Page as an attachment
- ➤ □ A notarized copy of your most recent official transcript or an official sealed (unopened) transcript as an attachment
- ➤ □ Notarized proof of the relationship between the applicant and the member of the Masonic Lodge as an attachment

#### **DEADLINE:**

Your application must be legibly postmarked by July 2, 2024. All applicants are evaluated using the same essential information. Please answer all requested items completely. Incomplete applications will not be considered; if signatures are missing, the application is considered incomplete.

Please mail your complete application, including all required attachments, in ONE envelope to:

Edward Leon Duhamel Scholarship Recipient Selection Committee.

c/o Edward Lowe 26 Brook Drive Hope Valley, RI 02832-2504

Questions? Contact Edward Lowe, current Committee chairman, at Ed01Lowe@aol.com

#### A. STUDENT INFORMATION

Name/age/permanent address

Name: last/first/middle initial Social Security Number: \_\_\_\_\_\_Birth Date: mm/dd/yyyy\_\_\_\_\_ Permanent Address: Street/Apt# :\_\_\_\_\_\_\_ <u>city/state/ zip:</u> Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_\_ **DEPENDENT STUDENTS:** A. Parent, stepparent or guardian name / relationship to student / permanent address: Name/relationship to student/permanent address B. Parent, stepparent or guardian name /relationship to student /permanent address: Name/relationship to student/permanent address **INDEPENDENT STUDENTS:** Are you married? ☐ Yes ☐ No Spouse name /age /permanent address:

#### **B. ACADEMIC INFORMATION**

Attach an <u>official</u> copy of your most recent school transcript if in high school).	transcript (colleg	e transcript if in college or high school
What was your highest SAT score? Math	Verbal	Class Rank
Post-Secondary Institution for which aid is request	ed (name, addre	ss, website URL):
In Fall 2024, I will be a (circle one): Freshman /Sop	phomore /Junior	/Senior
Expected college graduation date (month/year)		
Are you (circle one): Accepted /Enrolled /Awaiting	a decision	
Enrollment status (circle one): Full-time /Part-time		
Housing status (circle one): On campus /Off camp	us /At home with	family
High school attended (name, address, website UR	?L):	
Graduation date from High School		
Intended field of study and degree sought:		

#### C. STUDENT ACTIVITIES

Please attach a resume or a list of activities that you participate in, including: positions held, dates of participation, estimated time spent on each activity and any special honors received.

#### D. ESSAY

Please attach an essay in which you tell us what you hope you will be doing in your professional life 10 years from now. (300 word limit, double-spaced, typed)

#### E. FINANCIAL AID INFORMATION

Please attach the following two documents to the completed application form (applications that do not contain these documents may not be considered by the selection committee):

- 1) A notarized copy of your financial aid award letter from the college or institute of higher education you will be attending (if you are undecided, please send notarized copies of award letters from your top two choices).
- 2) A notarized copy of only the first page from your *final* Student Aid Report (SAR). The Award Summary Page *showing the estimated family contribution*, must also contain the students information (name, etc.)

### E. FINANCIAL AID INFORMATION (continued)

### Cost of education per year:

EXPENSES		Amount	Total
Tuition and Fees		\$	
Room and Board		\$	
Books and Supplies		\$	
Transportation		\$	
TOTAL EXPENSES			\$ A
INCOME	Name of Grant or Scholarship		
Federal, State, and Other Awards (list loans and work study in Loan section below)  College Grants and Scholarships (list loans and work study in Loan section below)		\$\$ \$\$ \$\$ \$\$	
TOTAL GRANTS AND SCHOLARSHIPS	s	\$	\$ B
Estimated Family Contribution (EFC) Student Aid Report (SAR)	from		\$ c
TOTAL INCOME (Item B plus Item C)			\$ D
Financial Need (Item A minus Item I	D)		\$ E
LOANS AND WORK STUDY	Name of Source		
		\$	
TOTAL LOANS AND WORK STUDY			ė

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Please provide a notarized signed statement of lodge member's relationship to student and lodge member's role in lodge; you must include the Lodge member's name, lodge name, lodge number and lodge address.
How did you learn about this award?

Special circumstances: Do you have any unusual personal, financial or family circumstances that warrant special attention by the selection committee? Please be specific. (You may add a page describing special circumstances; 100 word limit, double-spaced, typed.)

#### G. CERTIFICATION AND SIGNATURES

I, (we) certify that the information on this form is true and complete to the best of my (our) knowledge. If requested by an authorized official of the Scholarship Selection Committee, I (we) agree to provide documentation for information given on this form. I (we) realize that failure to comply with a request for additional information may prevent the applicant from further consideration for a scholarship.

Applicant's signature / date	
Parent/Stepparent/Guardian's signature (if applicant is dependent) / date	

Send completed application and all required attachments together in ONE ENVELOPE, legibly postmarked by July 2, 2024 to:

Edward Leon Duhamel Scholarship
Recipient Selection Committee
c/o Edward Lowe
26 Brook Drive
Hope Valley, RI 02832-2504