

Year 2018 Scholarship Application Edward Leon Duhamel Scholarship

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.

SELECTION 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.
- Able to demonstrate that you have been accepted into an accredited post-secondary institution.

A COMPLETE APPLICATION INCLUDES:

- A completed application form
- One essay as an attachment
- Notarized copies of your financial aid award letter and 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 June 2, 2018. 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@gmail.com

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A. STUDENT INFORMATION

Name:

last/first/middle initial, (gender)

Social Security Number: _____ Birth Date: *mm/dd/yyyy* _____

Permanent Address:

street

city/state/ zip

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:

Name/age/permanent address

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B. ACADEMIC INFORMATION

Please attach an official copy of your most recent high school or college transcript.
What was your highest SAT score? Math _____ Verbal _____ Class Rank _____

Post-Secondary Institution for which aid is requested (name, address, website URL):

In Fall 2018, I will be a (*circle one*): Freshman /Sophomore /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 campus /At home with family

High school attended (name, address, website URL):

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 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 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 your final Student Aid Report (SAR) Award Summary Page -- not the application you submitted, but the Award Summary Page of the final report from the U.S. Dept. of Education.

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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		\$ _____ B
Estimated Family Contribution (EFC) from Student Aid Report (SAR)		\$ _____ C
TOTAL INCOME (Item B plus Item C)		\$ _____ D
Financial Need (Item A minus Item D)		\$ _____ E

LOANS AND WORK STUDY	Name of Source	
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL LOANS AND WORK STUDY		\$ _____

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F. ADDITIONAL INFORMATION

Provide 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 June 2, 2018 to:

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