

EARL HULSTROM MASONIC SCHOLARSHIP 2024 APPLICATION

(Please Type or Print)

Full Name: _____ Age: _____

High School: _____ Graduation Date: _____

Intended Schools: 1) _____ 2) _____

Degree Course: _____ Occupational Goal: _____

Address: _____ City: _____ Zip: _____

Phone No.: _____ E-mail.: _____

Reside with: Parents: _____ Guardian: _____ Other: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Other students in family/age: _____

Family gross income: \$0-50,000 _____ \$50-100,000 _____ above \$100K _____

Amount of savings for higher education: _____

Amount family can contribute to higher education yearly: _____

Other support for higher education: _____

Present Employment/Income: _____

Other work experience: _____

Outside activities/organizations: _____

Please provide the following with this application:

1. **Brief** typed bio with goals and two reasons why you should receive this scholarship.
2. Current school transcript.
3. **Brief** letters of reference from one non-family member and one school reference.

Please return this to the person from whom you received it by May 1, 2024.