



12. List employment experience, if any \_\_\_\_\_

13. Name, address of your Father \_\_\_\_\_

14. Father's place of employment \_\_\_\_\_

15. Father's income \_\_\_\_\_

16. Name, address of your Mother \_\_\_\_\_

17. Mother's place of employment \_\_\_\_\_

18. Mother's income \_\_\_\_\_

19. Have you applied for or been interviewed for a scholarship from any other source?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please specify: \_\_\_\_\_

20. Number of brothers and sisters in your household under 18 years of age \_\_\_\_\_

21. Have you read the regulations governing the awards of the Benjamin F. Waters Scholarship (on page 1 of this sheet)? \_\_\_\_\_ YES \_\_\_\_\_ NO

22. What percentage of your expenses per year will your family be able to contribute toward the cost of an education? \_\_\_\_\_

23. From what source did you obtain this application?

Name of Masonic Member \_\_\_\_\_

Lodge /Chapter \_\_\_\_\_

24. On an attached sheet express in writing why you want to further your education, and what your plans are after you complete your college education. Include any other information that you feel may assist the commission in making its decision.

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**ENDORSEMENT OF PERSON FINANCIALLY RESPONSIBLE FOR APPLICANT'S EDUCATION**

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I fully understand the terms of the Scholarship mentioned in this application and shall cooperate fully with same if awarded a scholarship. If he/she is selected, I guarantee that the remaining portion of his/her college expenses will be provided.

\_\_\_\_\_  
(Signature of Person Financially Responsible for Applicant's Education)

\_\_\_\_\_  
(Date)

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**SCHOLARSHIP COMMISSION**

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**M.W. Shelton D. Redden, Grand Master**  
**R.W. LeOtha N. Hull, Deputy Grand Master Emeritus, Chairman**

<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
RW LeOtha N. Hull (Chairman)	2335 Church Creek Rd., Cambridge, MD 21613	410-228-8737

**COMMITTEE MEMBERS ARE APPOINTED ANNUALLY**